UE	9384	OCT O	L	FOR STATE	DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H	YGIENP / 2	8 100
00.	3 3 0 4	0612	0	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	STHE ZEW THE RESIDEN
	/			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	H DAY YEAR 26 HOUR
	e pe	r deoth	{TYPI	OR PRINTI DAUTE	LERNON IRVI		Oct. 13	1987 630Pm
/	шоу	0	3. SE	x	1. RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
0	Page 4	us oft	1	ALE	WHITE	AUG. 12 1907	80	MONTHS DAYS HOURS MIN.
	4 0	7 3- 7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	- I < A	COUNTY MD.
	e fun	d with	10 C	TY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
10		notified wit	PA	KRUELLE	2298 - CLOWELL	TREET ADDRESS) RELATER PO. 21234	AVER DEL DUELT	KING LIFE) HINDUSTRY SALT
2120	9 E	9 9	USU	AL RESIDENCE IN NURSING HOME	E OR OTHER INSTITUTION, GIVE RESIDENCE 8	EFORE ADMISSION)		1 1 Danie
- QN	22	and h	14	ANYLAND BA	100	YES NO	2298-C/D	WELL KINGE KD 2022E
ARYLAND	3 0	27 (7)	(4, E/	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	NAME MIDDLE?	LAST
, A	om stee	-	145	VAS DECEASED EVER IN U.S.	ABUED EODCESS IN SOCIALS	SECURITY NO. 17 INFORMANT	ADDRESS	S
BALTIMORE	be exec	Poges			GIVE WAR OR DATES)	-A >-	scods	
ALT	.0 0	popers. novol. ent, the		18 CAUSE OF DEATH (Enter	r only one couse per line for (o), (b USED BY:		, congress	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., B	÷ U	C C >			JSED BY:	tastatic car	un oma	
N		or re			DUE TO, OR AS A CONSE	COLLENCE OF VELVING	hoer	
PRESTON	death	fron, oum		Conditions, if ony, which	(6)	lover tailine	-	
¥.	y the	cremo other tr		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSE	OUENCE OF		
201	16 17	2 0		DADI 2 OTHER SIGNIFICANI	IT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	Builtin District on Countrie	L C N (5 L D L D L D L D L D L D L D L D L D L
	3	Pilory.	Z	PART 2 OTHER SIGNIFICAN	AT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	KWINAL DISEASE OR CONDITIO	N GIVEN IN PART ITO
AL RECORDS,	ne law on. has b	ow o	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WH	HICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
VII	JAN: T physici tificate	Hygier 188	T W	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
O.	SICIAN: ng physicertifical	Mental tr	¥	OR CONTRIBUTING CAUSE OF		19		
DIVISION OF	HYS ding	R > Q	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
VIS	e offer	of the of the marked	2	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFF	FICE FARM, ETC ) SIREE	CITYORIOWA	STATE
ā	Or or Aft			7,000	ospital) attended the deceased from	om10/719_8	7 to 10/14	19 7, that (i) (we) lost
	Partol TOR.	of He 21 is		saw the deceased alive	no Very he body after death.	9 7, and that in (aur) apinio	on death occurred on the date on	d hour and fram the causes stated
1	OR A be has	ped tem		22b. SIGNATURE	not view ne body offer deoffi.	DEGREE	/	221. DATE SIGNEY
	AL O AL D	Detoc ore D		7	100	MD ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	10/15/87
	HOSPITAL ined by th FUNERAL	TANT		224 PHYSICIAN'S NAME IN	PE DEPENDS	21s ADDRESS	7	11
	o HOS etained	should be de with the Stot		DR. WILHOUR	J. BELLYISUS	20E. EAG	MST BART MO	
	5 g 5	₩ 3 ₹		URIAL, CREMATION, REMOV	AL 73h DATE	130 NAME OF CEMETERY OR CREMATOR	Y 234 LOCATION	7
	BP			BURTAL	Dr. 16, 1987	St. Johns Lum Charl	LEA PARKURUS	SAST AS
	DHMH - 16.5	50M 1/B1	74 FI	INERAL DIRECTOR	1.		ATE REC'D. BY REGISTRAR 255 R	EGISTRAR'S-SIGNATURE
	(VRA I		E	IAMS CHAPE DE	MEROPES 880	HARRIED KD. 01	J 21 1981 July	a Division-Rendelle

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0	6	8	2	1	0	QC1 191.87
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a director, page 3

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIF	ICATE OF DEA	111	REG. NO			433
	CEASED NAME FIRST	WIDDLE	I.	AST	10.00	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	Minnie Minnie	Louise	Jackso			Oct. 4, 19			8:50р м
3. SE	X	4 RACE	5 DATE C			AGE (IN YEARS LAST BIRT	HDAY) IF UI	MS DATS	HOURS MIN.
1	Female	White	Jan'.	21, 1	910	77	YRS		
7a Bi	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARE	RIED -	BALTIMORE CITY OF	COUNTY OF	DEATH	
	Maryland	U.S.A.	WIDOWE	DIVOR	CED 🗌	Baltimore			MD.
V	ITY OR TOWN OF DEATH  ROSSVILLE	NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S Franklin Squa	STREET ADDRESS)		ION	120 USUAL OCCUPATION OF HOMEMAKER	ON 1 WORKING LIFE) 1	26 KIND OF NOUSTRY OWN	Home
13U.	AL RESIDENCE IF NUMBER OF THE STATE	R INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	1 13d. INSIDE CITY L	IMITS?	13e STREET ADDRESS /			
1		Balti	Company of the Compan	YES NO	_	6208 Fair		70 2	21214
14 F/	aryland AIHER'S NAME			IS MOTHER'S MA		E			
2)	FIRST	MIDDLE LAST		FIRST		MIDDLE		Walke	
16a \	Harold WAS DECEASED EVER IN U.S. AR	Swift RMED FORCES? 166 SOCIAL	SECURITY NO	17 INFORMANT		ADDRE	SS	Walke	21
1		VE WAR OR DATES)	_89164	Marguer	ito L	ee, 6207 Fa	in Oak	Ave_	
	18 CAUSE OF DEATH (Enter of			Marquet	115 11	ee, ozur ca	LL Udks	APPROXI	MATE INTERVAL DISET AND DEATH
	PART I. DEATH WAS CAUSE	D BY: 4 ( ) 7	6	CV4				oct week	
	IMMEDIA	TE CAUSE (o)							
	Condition if any bit	DUE TO, ON AS ASCONS	Ednance de 2	CCE	207	70 CA	1001	0	
	Conditions, if ony, which gove rise to immediate	164/1-10							
	couse (o), stoting the underlying couse lost.	DUE TO, OR AS ACONS	EQUENCE OF	TR	015	EASE	22		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT PELATED TO	THE TEDANIN	NAI DISEASE OR CONF	DITION GIVEN	INI PART 110	
Z	BEN	16-107/	2	NOT KELATED TO	THE TERM	THE DISEASE ON CONT	JITON ONEIN	NAT THE	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	20b. IF YES, W		
E S						YES NOW	IN CERTIFYIN	G CAUSES	OF DEATH?
ER	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJUR		OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE								
MEDICAL	(IF EITHER NOTHY MEDICAL EXAMINE	P.M.  21e PLACE OF INJURY	19	211 LOCATION			I IPP		
ME	armone C Horaman C	HUM HULL ACTORY, OF	FFICE FARM ETC )	STREET		CITY OR TO	WN	COUNTY	STATE
			11 -0 1	0	07.	10-1	5 4	01	
	27x I certify that It (this hours	1 12 1 1 1 11 11 11 11 11 11 11 11 11 11	01		986	eath occurred on the do	. 19_		that (I) (we) lost
	sibget, (1) (we) (did) still se	of well the body after death	1		) opinion as	edin occurred on the ad	ite ona nout on		
	17h SIGNATURE	1/12		DEGREE	NDING	MEDICAL STAF	F	The BATE	SKINED
	1 /0			PHY	SICIAN A	MEDICAL STAF	IAN 🗌 🥖	0/0	2/0
	THE PHYSICIAN S NAME (THE			220 ADDRESS A	IAR FO	nd Rd.		/	
	LUIS Kivera	- MU		BALTA	MO	21214			
	BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREA	MATORY	23d LOCATION		YINUC	STATE
	Burial	Oct. 7,1987	Garden	s of Fait	h	Overlea,	Balt		Md.
24 5	OBERT C. ALT	ENBURG FUNES		-		REC'D. BY REGISTRA	Sh REGISTRAR	SCIENT	
	009 Harford F			21214	OCT	08198/ 4	alian Dans	27-60	dille
		West Dallung						-	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the mitting should be detacked for use as the buriol-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to buriol, removing IMPORTANT: If hem 21 is marked or them 18 shows any injury, or other troumotic.

ATTENDING PHYSICIAN: The ospital or offending physician.

TO HOSPITAL OR ATTENDIN

BP.

069367 OCT

## STATE OF MARYLAND

REG. NO.	* 5			
October 15, 198	37	YEAR	26 нос 5:5	
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 H
67	MONTHS	DAYS	HOURS	M

REGISTRAR				CERTII	ICAIL OI DEATH	REG. N	O		- 1	
I. DECEASED NAME	FIRST		WIDDLE		AST	20 DATE OF DEATH		DAY YEAR	26 HOL	
(TTPE ON PRINT)	Rosal	ie		JAC	KSON	October 15	, 198	37	5:5	5p
3. SEX		4. RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MUNDER I YEAR	IF UNDER	R 24 HRS
Female		White		July	2, 1920 YEAR	67	YRS.	MONTHS	HOURS	MIN.
70. BIRTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D 1 NEVER MARRIED	9 BALTIMORE CITY O				
Texas		USA		WIDOWE		Baltimore	Coun	ity		M
18 CITY OR TOWN OF			HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI		126 KIND C	F BUSIN	ESS OF
Rossvil	le	Fran	klin Squa	are Ho	spital	Housewif				
USUAL RESIDENCE (#	136 COU	NTY			13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COD	Œ		
Md.	Bal	to.	MiddleRi	ver	YES NO **	2 Slipst	ream	Ct. 212	220	
14 FATHER'S NAME		MIDDLE	TAST		15 MOTHER'S MAIDEN NAM	WE		LAS	ıt	
Anton			Wilde		Anna			chsel		
160 WAS DECEASED E		PMED FORCES?	16h SOCIAL SECU		17 INFORMANT	ADDRE				
no			217-18-6	926	Steve Jackso	n 1045 Ensc	r Dr			
18 CAUSE OF D	EATH (Enter o		line for (a), (b), on		0 11 7		- 4	BETWEEN	MATE INTE	D DEATH
PARTI. DEAT		TE CAUSE (0)	nternal b	leedi	ng, Cardiopul	monary arre	St.			
		DUE TO, O	R AS A CONSEQUE	NCE OF	Right lung pn	oumonia.				
Canditions, if		(b)	iver raii	ure,	Right rung ph	eumon ra.				
couse (p),		DUE TO, O	R AS A CONSEQUE	NCE OF						
		(5)		DE ATU BUT	WOT BELLYED TO THE TERM		DITION	0.554.04.05.07.1		
	SIGNIFICANT	-	idney fai		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	IVEN IN PART 1	0	
V 190 DATE OF OF	ERATION				IN WAS PERFORMED	20g AUTOPSY?	20b. IF YE	ES, WERE FINDI	VGS USE	D
NOTE OF OF						YES NO NO		IFYING CAUSES	OF DEA	
210. ACCIDENT WA	S UNDERLYING	7 216 TIME C	OF INJURY		21c HOW INJURY OCCUR				110	
On CONTRIBUTION		AIR	M, MONTH D	AY YEAR	0					
(IF EITHER NOTIFY 21d. INJURY OC	MEDICAL EXAMINE	21e PLACE	OF INJURY		211 LOCATION			COUNTY		
WHILE N	OT WHILE	I AT HOME ST	REET FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OF TO	WN	COUNIT		STATE
		nital) attended th	ne deceosed from	ctobe	10, 1987	October	15,	. 19	thot	(we) lo
sow the de	ceased olive a	UCTODER	15,	, 0	nd that in (xy) (our) opinion	deoth occurred on the d	ote and ha	our and from the	couses st	toted
226. SIGNATURI		or view me body	/		DEGREE			22c. DATE	SIGNED	)
	M.H. I	ichar	101	no	ATTENDING PHYSICIAN	MEDICAL STA		10-	-15-	87
224 PHYSICIAN	SNAME HYPE	OR PRINT)	-		22e ADDRESS	in Courses F	) malus	Pa1+a	21	227
P	AL 1/.	21/222	- hal	and the same	9000 Frankl	III Square L	u.ive	, Daill.	9 41	1601

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT

230 BURIAL, CREMATION, REMOVAL Burial

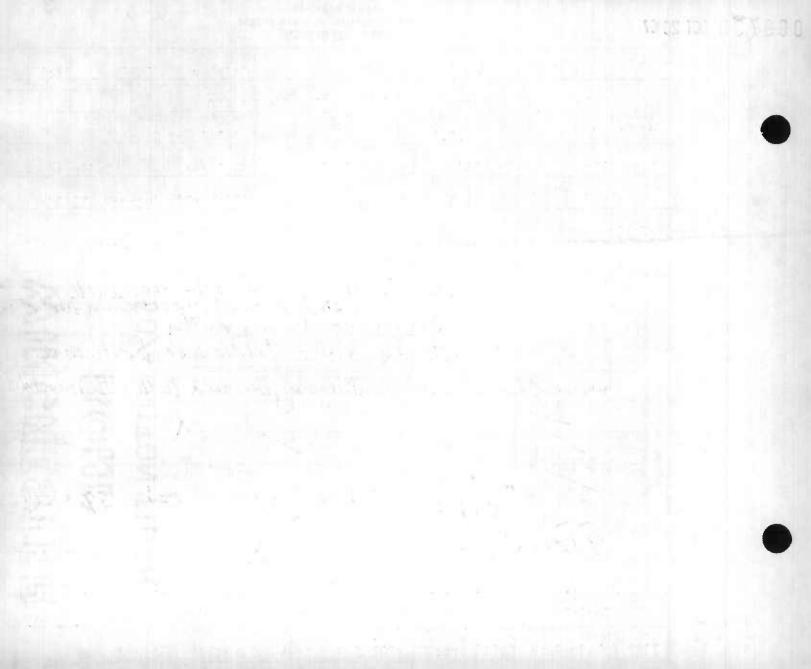
24 FUNERAL DIRECTOR
Connelly Funeral Home 300 MaceAve. 21221

10/19/87

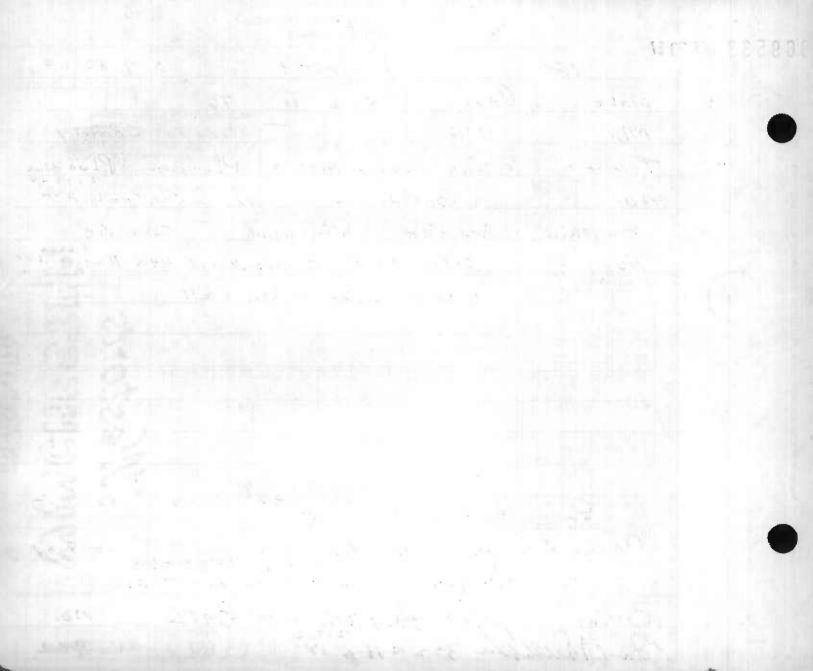
MiddleRiver Balto. Maryland 23¢ NAME OF CEMETERY OR CREMATORY HollyHillCemetery

0510 100	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF I	ICATE OF		REG. N	бю Ю.		84
USIO NOV	TEE	CEASED NAME	FINS ON	Ω	MIDDLE C	Jaworsk	LAET		24 DATE OF DEATH		DAY YEAR	26. HOUR
nay be page 3 death		10	hn	E.	Jav	vorski			Oct .	27	81	11/2
r, pa	3 SE		4	RACE	V 2 X	5 DATE		YEAR	6 AGE (IN YEARS LAST BIR		. G. OLK I IEAR	HOURS MIN
ecto s aft		Male		Caucas	sian	In	e 14	1894	73	YRS		HOOKS MILE
1 63 Fg-		IRTHPLACE ISTATE OR FO	REIGN 71	CITIZEN OF	WHAT COUN	TRY?	D NEVER	MARRIED 6	BALTIMORE CITY OR COUNTY OF DEATH		OF DEATH	
1 1/1/		oland		USZ		WIDOW		NORCED [	Balto.			WE
3/11/17	1	ITY OR TOWN OF DEA		I. NAME OF	HOSPITAL, N	URSING HOME ( STREET ADDRESS) NAW ROA		STITUTION	Care-taker		12h. KIND OF INDUSTRO C	CIND OF BUSINESS OR USTE CHOOL &
TI BUCK		altimore					.d				Cem	etery
rilled ir	130	AL RESIDENCE I# NURS STATE d •	Balto	Y	13c CITY OR		134 INSIDE	CITY LIMITS?	130. STREET ADDRESS 8128 Bra	dshav	210 W Road	21
uted with	14 F.	THER'S NAME UNKNOWN	) ME	DOLE	LAS	т		S MAIDEN NA Unknow			LAST	
d co	160.	WAS DECEASED EVER	IN U.S. ARMI	ED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORM	ANT	ADDR	ESS		12.9
e be o	n		(# YES, GIVE W	AR OR DATES	213-0	01-5272	Fer	dinand	Jaworski	san	ne addr	ess
ficate rance sector sec		I CAUSE OF DEATI	H (Enter anly	ane couse pe	r line for (a), (	bi, and icui		,			APPROXIM BETWEEN ON	ATE INTERVAL
phy pap remo		PART I. DEATH W	AS CAUSED IMMEDIATE		C3	ner	5+0	mach	1			
ath ading rebor				DUE TO C	OR AS A CONS	SEQUENCE OF						
atter atter ve ca stion		Conditions, if ony,	which	( (b)_								
the the the emo		gave rise to imm cause (a), statin		DUE TO C	R AS A CONS	SEQUENCE OF					13	
d by ase raid, c	15	underlying cause	underlying cause last. (C)									
requir n signe nen ple to bur y injur	Z	PART 2 OTHER SIGN	HEICANT CO	ONDITIONS C	ONTRIBUTING	G TO DEATH BU	NOT RELATE	D TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PART 160	
e has beer prior tene prior shows an	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?		S, WERE FINDING	
SICIAN hysician. Certificat cransit paral Hygis tem 18	4 8	210. ACCIDENT WAS UND	ERLYING	216. TIME C			21c HOW I	NJURY OCCUR	RED (ENTER NATURE OF INJU			
S > otio	3.	OR CONTRIBUTING ()			.M. MONTH	DAY YEAR						
4 5 5 5 P	MEDICAL	214 INJURY OCCURR	ED	21e PLACE	OF INJURY		211 LOCAT	ION			COUNTY	
DING PI Ittending After th is the bur th and N marked	1	AT WORK AT WO	RK -	(AT HOME, ST	REET, PACTORY, O	OFFICE, FARM, ETC.)	JIMEE		CITY OR TO	414	COUNTY	STATE
S a a a s		220.1 certify that/()	(this haspita	I) attended th	he deceased f	rom	an	. 19 8	, to	T	19 8 7 , 11	(we) las
ATTE ital or cor use of He m 21		saw the decease	dalive on_	/0 -	- 19	1987.0	nd that in-thy	(our) opinion	death accurred on the d	ate and hou	or and from the co	ouses stated
the hospital AL DIRECT tached for ute Dept. of T: ## Item 2		226 SIGNATURE	Taio non	view ine oddy	Oner deom.	778	DEGREE				22c DATES	IGNED
	1	Willes	-/-	. 1	200	- m.	n	PHYSICIAN [	MEDICAL STA	FF CIAN []	10-1	29-87
CO HOS		228 PHYSICIAN'S NA	ME (TYPE OR P	PRINT)	0	771	22e ADDRE		,		1	21047
etained FO FUN FOUNDID PRINTED HA		Wm,	A.	14:	300		BOX	150	8 Kin	55V.	1/2 N.	1d.
F 2 F 4 3 3	230	BURIAL, CREMATION,	REMOVAL	236. DAT		230 NAME OF		_	23d LOCATION	1	EGUNTY	STATE
BP		urial		11-2-		St. St	epnen				Mď.	
DHMH-16 25M (VRA 15, 4) 1/79	125	Chimunek 705 Belai	Funer r Roa	ral Ho	ome, alto.	Inc.	21236	250. DAT	T 3 0 1087	75h. REGIST	Traden.	Pandaet

069	3 7g3 8 OCT 2	6 16 Z	FOR STATE REGISTRAR		DEPARTA	NENT OF I	E OF MARYLAND BEALTH AND MENTAL HYO CICATE OF DEATH	REG. NO.	8	3
	m 5		CEASED NAME FIRST OR PRINT)		MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	oge dead		Fel	ix Fra	ank JA	WORSK	(Y	October 22, 19	987	12:13P M
	fer by	3. SE	(	4 RACE		5. DATE (		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	ge 4		Male	Whi	te	Fe b	17, 190			
	death. Page wheral direct in 72 hours	M	RTHPLACE (STATE OR FOREIGN COUNTRY) and		U.S.A	WIDOW		Baltimore Cou	inty.	MD.
10	by the full of the		SSVILLE	LIF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET Tin Squar	ADDRESS	or other institution			
ND 212	24 hoursted in Sould be	13a. S	ALRESIDENCE (# NURSING HOME OF TATE 136 COL	or other institution. Inty Itimore	GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 213 Leslie Ave		1236
MARYLA	within		THER'S NAME FIRST	WIDDLE	Ja worsky		15. MOTHER'S MAIDEN NA	MIDDLE	1A	
a,	icol es		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		sville,	MD
IWO.	Poge exe	9	No No		705-10-0	028	Patricia Cai	n 306 Songwood		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	been signed by the attending physicia mit. Then please remove corban papers prior to burial, cremation, or removal.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying cause lost.  PART 2 OTHER SIGNIFICANT  FOR DATE OF OPERATION	DUE TO, OI  (c)  CONDITIONS CO	Dogwa	PEATH BUT	Cardion brolic Cardio The TERA Bulmonory D N WAS HERFORMED	AINAL DISEASE OR CONDITIONAL COLORS AS AUTOPSY? 200 IF	relise GIVEN INIPART I MATERIAL YES, WERE FINAN	are Fronchetis
AL RI	# E 0 9 5 %							YES NO	ATIFYING CAUSES	NO [
I OF VIT	G PHYSICIAN: The ottending physicia price is this certificate by the burial-transit and Mental Hygie and Mental Hygie ked or frem 18 sha		218. ACCIDENT WAS UNDERWING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN		M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
IVISION	DING PHYS or ottendir After this e as the bu oith and Mu	MEDICAL	21d INJURY OCCURRED  WHILE NO WHILE AT WORK	21e PLACE ( (AT HOME STR	OF INJURY JEET, FACTORY OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	TTENDI pitol or TOR: A for use of Heal		22a.1 certify that (1) (this hosp sow the deceased alive a above, (1) (1) (ab.1) (did n			87.0	190	death occurred an the date and l	, 19, have and from the	that (I) (ve) last couses stated
	TAL OR A y the hos RAL DIREC detoched detoched to the Dept UT. If hem		22h SIGNA Kar	ik In	- Cu		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		23. 1987
	TO HOSPITAL OR A retoined by the hos TO FUNERAL DIREC should be detoched with the Stote Dept IMPORTANT: If term		Frank T. Ka		M.D.		22. ADDRESS	rd Road Baltimo	re MD	21234
	BP	(	URIAL, CREMATION, REMOVA SPECIFY) Burial	0ct 26	5,87 Be	lair	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	ford Co.	STATE MD
	DHMH - 16 50M 1/BI		INERAL DIRECTOR DIPPE	L FUNERA	L HOME	INC.		TE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNA	
	(VRA 15, 4)	7:	110 Belair Road	Baltin	nore, MD	2120	6 UCT	23 1987 1:	Ti- 9	



-	6	1	FOR STATE REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENEO / 2	8
069	1533 OCT:		TEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
	poge 3	(145	LEO		DEANNETTA	10 -	9-87 1135 4 11
	e 4 mores of the softer of	3. SE	MALE	CAU,	DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 76 YRS	FUNDER 1 YEAR IF UNDER 24 HRS
	Pog Pog	7a 8		CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	S S S		MD.		WIDOWED DIVORCED	BALTO. (	COUNTY MD.
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	2 8 DE 0 2		saw the deceased alive an above, (I) (w.) / did (did nat):	view the body after death.		death accurred an the date and hau	
	the Dord		Carla A	alexand	DEGREE ATTENDING PHYSICIAN T	MEDICAL STAFF DIRECTOR   PHYSICIAN	120 DATE SIGNED 16-9-87
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	0 0 0 0 0		Carla S. Ale	xander, M.D.	Dulaney Val	ley Rd Towson	, MD 21204
	Dé Dé M	23a	BURHAL CREMATION, REMOVAL	236 DATE 23c NA	NE OF CEMETERY OR CREMATORY	23d LOSATION	COUNTY
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2 49 7		ssex		Franki	n Square	Hospi	ital		Homemaker		Own	
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P 17/14	V	Richard	M	IDDLE	Pajic		Angelina	2	MIDDLE			AST AST
BALTIMORE, MARYLAND are percured within 24 speri. Page-4, and 2 thoused. act. f. the medical strommer real	1	WAS DECEASED EVER	(IF YES GIVE	ED FORCES?	166 SOCIAL SECL		17 INFORMANT (I	Daugh	iter) ADDR	RESS	(UNKN	OWN
		No	NA NA		line for to 1, (b), on		Mary Kuri	llich		Same a		XIMATE INTERVAL LONSET AND DEATH
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O HDS9		Jeann	e Liao	, M.D.			9000 Fran		Square D	rive,	Balto.	, 21237
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noy be poge 3	1. DECEASED NAME FIRST MIDDLE TAST  (TYPE OR PRINT)  Elinor Rogers Johnson	October 21, 1987  20. DATE OF DEATH MONIH DAY YEAR 26 HOUR  4 a m						
ge 4 mo	3. SEX F  4. RACE W  5. DATE OF BIRTH Dec. 30, 1925	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.						
death. Podering 72 hours	Md. USA WIDOWED DIVORCE	Baltimore Co.						
by the fi	Baltimore  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)  1311 Glenmont Road	ON 126 USUAL OCCUPATION 176 KIND OF BUSINESS OR 179E OF WORK FOR MOST OF WORKING 1 FE 1 INDUSTRY Balto., Co.						
AND 215	USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  136. STATE 136. CITY OR TOWN 136 INSIDE CITY LI  Md. Baltimore Baltimore 136 INSIDE CITY LI  YES  NO							
MARYL, MARYL, od within god within	14. FATHER'S NAME FIRST Lloyd Russell Rogers 15 MOTHER'S MAI	Elsie Kuldell						
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TO HOSPITAL OR ATTENDI retained by the hospital or TO FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Heal MAPORTANT: If them 21 is m	220.1 certify that (1) this haspital) attended the deceased from 10/84 19 sow the deceased alive on 10/20 19 87, and that in (my) our) above, (1) the 1 (this) prid not) yew the body after death.  22b. SIGNATURE  PHYSICIAN'S NAME (1YPE OR PRINT)  22c ADDRESS  BRUCE  134	DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN 10 22 87  RICHARD STAFF CIAN DIRECTOR PHYSICIAN 11 F MD 2/09 3						
D of d w	230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATION CEMETERY OR CREMATION CEMETERY OR CREMATION CEMETERY OF CREMATION CEMETERY OR CREMATION CEMETERY CEMETERY OR CREMATION CEMETERY CEMETERY CEMETERY CEMETERY CEMETERY CEMETERY CEMETERY CEMET	CITY OR LOWN						
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd.	250. DATE REC'D. BY REGISTRAR No. REGISTRAR'S SIGNAUR DE LA COLLEGA DE L						

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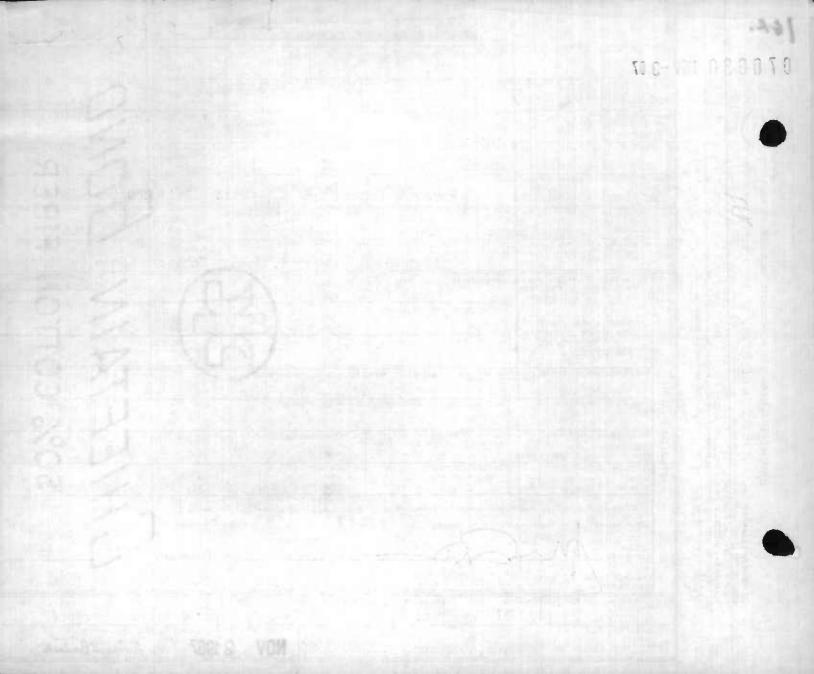
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		CEASED NAME FIRST	-	WIDDLE	i	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
nay be page 3	,	Willie (	William)	Ira	Joh	nson	October 2]	, 1987	9:40 am
ctar, po	3 SE	Male	4 RACE Whi	te	S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UND MONTHS	ER I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
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00		TY OR TOWN OF DEATH  Dundalk	2905 1	unmore Ro	address)	R OTHER INSTITUTION	12a USUAL OCCUPATION OF THE POLICE OF THE PO	F WORKING LIFE) IN	kind of Business or Dustry Steel Mfgr.
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amplete and 2		Robert		Johnson		Daisy	Gertrude		Royster
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equires that the death certification is signed by the attending properties remove capbant to burial, cremation, or renniury, or other trouthetic events.	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	10/		NCE OF	NECHANICAL  ELOTIC  ASCULAR COL  NOT RELATED TO THE TERM	RONARY DIS	EALE	PART Ito
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ITAL OR by the ho RAL DIRE detache state Dep		22 I MYSICIAN'S NAME (TYPE	Iff			AA ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	F IAN []	10/21/1987
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DHMH - 16 60M 7/84 (VRA 15, 4)		Iter Brooks Bra	adley In	c. Durida	lk Md	. 21222 250. DAT	E REC'D. BY REGISTRAR CT 2 7 1987	1	SIGNATURE CONDENS . Rendera

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN ESTI-WILLIAM JONES A. DEATH MATED 10 8 . SEX DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED 52 8P M 27 1987 Black. 35 DEAD 10 Male 4 Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) U.S.A. Baltimore County Kentucky WIDOWED [ DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Rossville Franklin Square Hospital Mechanic USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Harford Havre de Grace 13d. INSIDE CITY LIMITS? 2113 Williams Drive Marvland A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Ecton Jones Fanny Lee Perry Thomas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 216-56-3789 Perry T. Jones, father Same as above 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to WARDED TO THE CHIEF MEDIC PAGE 3 SHOULD BE USED AS A TATE DEPARTMENT OF HEALTH 21201 PRIOR TO BURIAL, CREM CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING TOO 7 P.M. 10-27-19 87 Pedestrian struck by motor vehicle. CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.1 WHILE AT WORK Eastern Blyd. east of, Essex, Baltimore, MD road AGE 4 SHOULD BE FORM O FUNERAL DIRECTOR: P FTER DEATH, WITH THE ST ALTIMORE, MARNINALD 2 22a. I certify that I took charge all the remains described above, held an Inspection Notural causes Homicide \_\_\_ Undetermined manner TITLE (SPECIFY) Deputy Chief ACTUAL DATE 10-28-87 SIGNATURE. Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 40 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 10/31/87 St. James United Cem. Burial Havre de Grace, Harford, Md. 07/84 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR **DHMH - 17** Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399 Devider Pendall (VR A15 ME (5))



PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY , and that in (my) our) opinion death accurred on the date and have and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Burial STATE 10/23/87 St. Joseph's Cem. River Grove, Ill. 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNALLING MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ige 4 mc	urs ofter	3. SE	VALE	CAUC	5. DATE OF BIRTH  08 25 1894	6. AGE (IN YEARS LAST BIR	YRS DAYS	HOURS MIN.
deorn. Po	in 72 ho	70 B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city o	County OF DEATH	MD.
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AND 213	Alled in	USU 130	ALRESIDENCE (IF NURSING HOME OR STATE 131. COUN		136 INSIDECITY LIMITS? YES IN NO	IT STREET ADORESS	LAPEL G.	21231
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riMORE,	S. Pages	160		MED FORCES? 166 SOCIAL SECUP E WAR OR DATES) 213-07-5	424 MR. RAYMON	d KACZORO	WShi 25	25 Flee 21224
PRESTON ST., BALTIMOR he death certificate be exec	physicia inpopers imoval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b), and D BY TE CAUSE (a) Cardiopulr	nonary arrest		APPRO: BETWEEN	XIMATE INTERVAL LONSET AND DEATH
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6	n signed Then ple to burio injury, or	NO	PART 2 OTHER SIGNIFICANT (		EATH BUT NOT RELATED TO THE TERM		DITION GIVEN IN PART 1	10
AL RECO	sit permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH (	DPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH? NO
VOF VIT	certificate unal-trons tental Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR 19	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)	
DIVISION OF	ter this is the bund M hand M riked ar	MEDICAL	214. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA		CITY OR TO	wn COUNTY	STATE
ATTENDIA	CTOR: Af I for use of of Health		220. I certify that ) (this haspi saw the deceased alive on above, V (we) (did) (did na	tal) attended the deceased fram 00 0ctober 21 1987	, and that in (%) (aur) apinion	, to October death accurred on the do	21 , 1987 ate and hour and from the	thor (we) last causes stated
AL OR J	AL DIRECTOR OF DEPT.		22b. SIGNATURE	NU	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAI	F V	SIGNED 21/87
O HOSPIT	TO FUNERAL should be det with the State		224 PHYSICIAN'S NAME (TYPE O	PRINT)	9000 Frankli	n Square Dr	., Balto., 2	1237
F 3	P	230	BURIAL, CREMATION, REMOVAL	10.23.87 St.	SHAWIS LAUS C	23d LOCATION CITY OF TOWN	OSE COUNTY	MS
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O 1 4 3 0CT 29		CEASED NAME Elizabeth MIDLE Taist				REG. NO.  2a. DATE OF DEATH MONTH  10/24/1487	DAY YEAR 26. HOUR	
ge 4 mo	3 SI	Female	White	5. DATE	оғыктн " – 2 – 1891	6. AGE (IN YEARS LAST BIRTHDAY) 96 YRS	MONTHS DAYS HOURS MIN.	
deoin. Po meral dir otone.		Maryland			D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH  BRITISH MA		
by the fulled with	6	act	11. NAME OF HOSPITAL, NURSING HOME OR O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MENAN COLL SOPE JOEL		or other institution	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker at home		
in 24 hou y filled in	130	IAL RESIDENCE IF NURSING HOME OR STATE 136 COUN	VTY /) 13c. CITY C		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COO 10011 Harford	Road 21234	
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be exected and an analysis. Pog		WAS DECEASED EVER IN U.S. AR (YES MORUNKNOWN) (IF YES, GIV		15-9322	Charles H	oward Kaiser 100	111 Harford Rd.  BAPPROXIMATE INTERVAL BETWEEN ONSET AND DE ATH	
requires that the death certinal signed by the attending p. Then please remove carbon it to burial, cremation, ar reminjury, or ather traumatic ev.	NOI	Conditions, if any, which gave rise to immediate cause to l, stating the underlying cause lost.	DUE TO, OR AS A CON  (b) CUT  DUE TO, OR AS A CON  (c) CO	NSEQUENCE OF	AND	INFANCTRION  TOTAL DISEASE OR CONDITION GI		
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ING PHY: or attendir After this os the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY	-, /	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
AL OR ATTEND the hospital of AL DIRECTOR: eroched for use the Dept. of Hea	T: If Rem 21 is n	220. I certify that (I) (this hospital) attended the deceased from 19 , 19 , that (I) (we) last saw the deceased alive an above, (I) (we) (did) (and not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA						
TO HOSPITAL TO FUNERAL should be det with the State		A-SEVAI-	CASSANE		5601 Loc	. D. 10	2123 . av	
BP		BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial	236. DATE 10-28-1987			23d LOCATION CITY OR TOWN  Baltimore	COUNTY STATE	
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PO 5 OCT 29	b 87	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIEND  CERTIFICATE OF DEATH  REG. NO.					
s 25		CEASED NAME FIRST	MES W.	KE	atte IV	2a. DATE OF DEATH	O 1787	2b HOUR
4 may 1	3 SE		1. RACE	S. DATE (	DAY YEAR,	6. AGE (IN YEARS LAST BIR		
6 25		11).		/2	- 24 56	30	YRS.	
335	7a. Bi	RTHPLACE (STATE OR FOREIGN COUNTRY)	USA	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	BALTIMORE CITYO	COUNTY	/ / MD.
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and bleed in	USU:	AL RESIDENCE (# NURSING HOME ITATE 13 CO	UNTY 136 CIT	DENCE BEFORE ADMISSION) Y OR JOWN DUTUS	13d. INSIDE CITY LIMITS?	134. STREET ADDRESS	oust Ave.	21127
240	14. FA	THER'S NAME FIRST James W	MIDDLE Ke	atts III	15. MOTHER'S MAIDEN NA	ME MIQDIE	Smi	th
of the lost		VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN)   I IF YES,	GIVE WAR OR DATES!	CIAL SECURITY NO. 6-72-299	James W.	ADDRE Keatts II		
in signed by the atta. Then please remove to burnol, cremation injury, or atter staus injury.	NOI	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A C	CONSEQUENCE OF	OLLATTO~	NN AL DISEASE OR CON	DITION GIVEN IN PAR	T Ita
the best	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FIN IN CERTIFYING CAU YES	
certificati mol-tran entol Hya them 18 st		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.M. MC	Y ONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART	2)
er this ond M ked or	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJU		211. LOCATION STREET	CITY OR TO	wn county	STATE
hospital or at RECTOR: Affer hed for use os to ept of Health tem 2 is mork		22a.1 certify that (1) (this has sow the deceased alive abave, (1) (we) (did) (did	spital) attended the decea on October 18 nat) view the body after de	2 19	nd that in (my) (our) opinion	deoth accurred on the de	ote and hour and from	
5 0 0 0 F		The Signature	d perl	Le, no		MEDICAL STAI	FF 1	SICOLO ?
FUN Muld I		224 PHYSICIAN'S NAME ITY HOWAL	JACOB.	s,no	70 D Pau	nters Mel	le Rd 8	Wenge Mil
BP	23a E	SURIAL, CREMATION, REMOV SPECIFY) Burial	10/21/8	7 Meado	EMETERY OR CREMATORY W Ridge	Baltimo	re Howar	d Md.
MH - 16 50M 1/BI (VRA 15, 4)		obert K. Pr	12 W <b>as</b> hingt	ton Road Westmibs		2 6 1987	256 REGISTRAR'S SIGN	Harpense.

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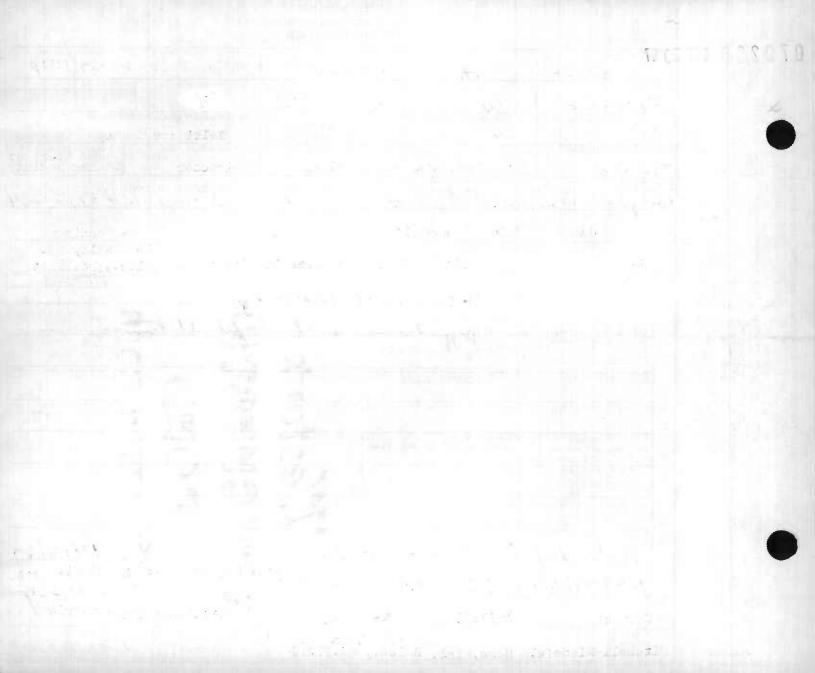
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IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E FOR YOUR FILES. ED WITHIN 72 HOURS IN TRESTON STREET,	3 SEX	4 RACE	5 DATE OF BIRTH	YEAR LA	GE (IN YEARS IF UN	DER TYR. IF UNI	DER 24 HRS.	2c. DATE PRONOUNCED	MÖNTH	DAY YEAR	12:30 A M
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A STATE OF THE STA	MD.	WN OF DEATH	U.S		WIDOW G HOME, OR OTH		DRCED LIST	Baltinor		4	MD
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		IER SIGNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH	BUT NOT RELATED TO	D THE TERMINAL DISEAS	E OR CONDITION GIVEN I	N PART 1 (a).				
ULD BE EXE ULD BE EXE "PENDING FF MEDICA ED AS A BU HEALTH AL AL, CREMA!	NO INC. DAT	OF OPERATION	In COND	DON FOR WHI	CH OPERATION W	AS BEREORATED?				Tell and and	
SHOULD SROULD SROW PE CHIEF A E USED. URIAL,	190. DATI	OF OPERATION	IVS CONDI	TION FOR WHIC	CH OPERATION W	AS PERFORMED?				20 AUTOPSY YES CX	
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JER: TI CATE, TO FORW OR: PV THE ST, ND, 2		certify that took war	of the remaine den	ribed above,	eld an Autop	sy X, Inspe	ction .	Inquiry .	and in my of	Dinion	
CAMIN RECTIFICATION OF THE CAMINE OF THE CAM	death r	esulted I/om Huty	allower !	Accident	, Suicide	, Homicide L		ermined monner X	١.		
MAH, VANHE CE	ACTUAL	IRE SE	LF,	KUN		Assista	-	ICAL EXAMINER	DATE	10-2	7-87
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	EXAMINI (TYPE OR	ER'S NAME Cha	rles P. K	okes, M	.D.	ADDRESS 111	Penn	St., Balt	.o., ME	21201	
AFI PACTO	(SPECIFY)	MATION, REMOVAL			E OF CEMETERY C	R CREMATORY	23d LO	CATION	COU	NTY S	TATE
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DHMH - 17 (VR A15 ME (5))	NAME	e Anatom	y Board		co., Md.	MIC	N. 8 . 8 . 100			m. Pardae	

n r	0.7	F 0	007	1	FOR STATE REGISTRAR			MENT OF HI	OF MARYLAND ALTH AND MENTAL H CATE OF DEATH	REG. N		1 6	
06	91		OCT :			FIRST AUL	Cole		BAUGH	20 DATE OF DEATH	10 20		26. HOUR 8:47 P M
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	oge 4	recto		1	MALE			05	08 '21 YEAR	66 BALTIMORE CITY	YRS.	DEDEATH	
	eoth. P	nerol di	21	70.	BIRTHPLACE (STATE OR FOR COUNTRY)  Maryland	USA	what country?	MARRIED	NEVER MARRIED !	BALTIMORE			MD.
10	ofter d	y the fu	1	10.	TOWS ON	11. NAME OF	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)	ST.	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Fork Lift	OF WORKING LIFE)	INDUSTRY	E Decker
MARYLAND 2120	24 hours	10	9	130	JAL RESIDENCE (IF NURSING STATE 13	HOME OR OTHER INSTITUTION Balto.	13c CITY OR TOW	VN	134 INSIDE CITY LIMITS	13e STREET ADDRESS	/ ZIP CODE van Rd	. 2103	0
RYLA	within	1		14.1	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN Bertha	MIDDLE		LAS	ole
	c e c		2 <		Harry WAS DECEASED EVER IN	Richard	Kelbaug		Bertha 17 INFORMANT	Garphe	lia ESSCock		e 21030
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ESTO	deoth	ottend	tion, o		Conditions, if any, v	which ( (b)_	or as a conseou	IENCE OF					
W. PRESTON	to the	by the	, cremotion, or a		gove rise to imme couse (a), stating underlying couse		or as a conseou	ENCE OF					
16, 201	nires th	gned	o buriol	z		FICANI CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR COI	NDITION GIVE	N IN PART 1	0
RECOE	1	os brem	ne prior t	CERTIFICATION	190 DATE OF OPERATION	DN 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
FVIEN	٢	physical officials in	THE PERSON NAMED IN	4.1	OR CONTRIBUTING   CA	USE OF DEATH HOUR	OF INJURY A.M. MONTH D		21c HOW INJURY OCC	CURRED (ENTER NATURE OF IN			
DIVISION	DHYSIC .	rending r this cer	ond Men	MEDICAL		D 21e. PLAC	P.M. E OF INJURY STREET, FACTORY OFFICE,	FARM ETC)	211. LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
νīα	NON	tof or o	Heolth of Ismork		22a I certify that (I) (t	his hospital) attended	10110	C	nd that in (my) (our) opin	79, to 10	dote and hour	ond from the	that (I) (we) lost
	0 0 0	the hosp	e Dept o		22b. SIGNATURE	and P 4	Affew	M	DEGREE ATTENDING PHYSICIAL		AFF	22c DATE	SIGNED
	∆TI92Ot	ned by FUNERA	should be deto with the State I IMPORTANT: If		22d. PHYSICIAN'S NAM	AE (TYPE OR PRINT) P. Costlow	. M.D.		22e ADDRESS 10 Gera		om 214		1/1
	5	5 e 5	Short Start	230	BURIAL, CREMATION, R			NAME OF C	EMETERY OR CREMATO	RY 23d LOCATION		COUNTY	STATE
		ВР			Burial	12/	24/87 N	lt. Ca	rmel Cemete				land
	DI		60M 7/84 15, 4)	24 J	E. Lowell	Lemmon, 1	0 W. Pad	onia F	RD. 20	DATE REC'D BY REGISTRA UT 23 1987	N 230. REGISTI	TAK S SIGNA	

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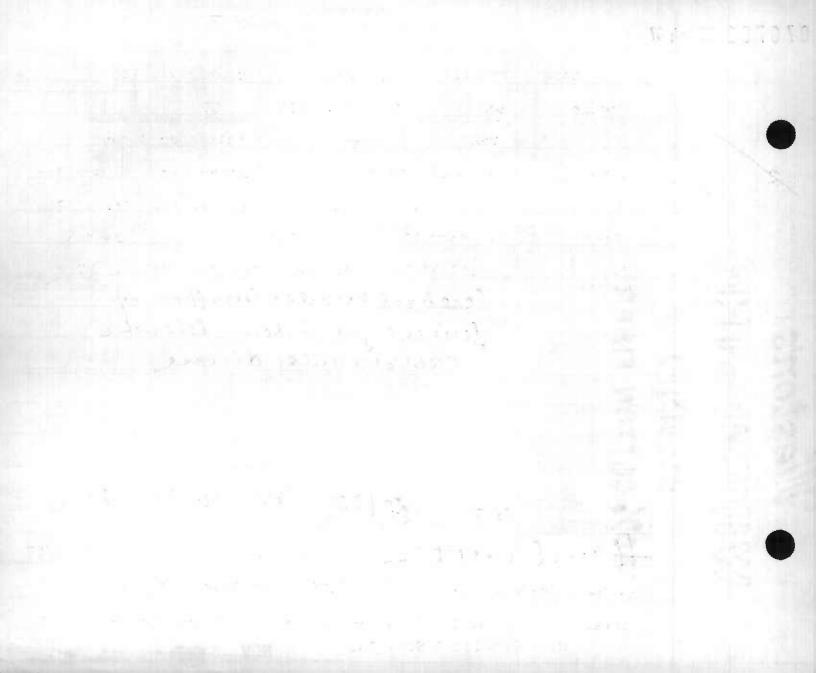
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		1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO	28	2 4
17 U Z 9 6 OC	I	PB	ASED NAME FIRST	MIDDLE	U	AST	2a DATE OF DEATH	MONTH DAY YEAR	10 110011
by be			EDITH	R.	K	ELLY		10-23-8	1/:20 P W
ge 4 mo)	3.	SEX	EMALE	4 RACE	5. DATE O	F BIRTH  3. 1902	6 AGE (IN YEARS LAST BIRT	MONTHS DAY	
8 5 De	70		THPLACE (STATE OF FOREIGN	TO CITIZEN OF WHAT COUN	TRY?	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
nero	2	Ĵ	amaica	USA	WIDOWE		Baltimo	ore County	MD.
ov the fundamental	<		Y OR TOWN OF DEATH  WSON	11. NAME OF HOSPITAL, NU INF NOT IN SUCH FACILITY, GIVES ST. JOSEP	TREET ADDRESS!	ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Director	WORKING LIFE) INDUSTR	oof Business or RY American er Society
d within 24 hours d within 24 hours pleety filled in E ma 2 should be in	5 /	SUA 30 S	RESIDENCE 11 NURSING HOME OR ATE 136 COUN BALLHER'S NAME	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION) TOWN SUN	13d INSIDE CITY LIMITS?  YES NO X  15 MOTHER'S MAIDEN NA FIRST  Anne		ZIP CODE KLEIGIT A MacKen	3, 21234
E, A	/ 16		AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS 7700 Oakl	ev Rd
MORE, e execut ond co Poges	/	[4]	S, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATEST	6-2362	Miss Madeline	e Fitzgerald	Balto. M	d.21234
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours of other dring physician and completely filled in by ost the burcolstroast permit. Then please remove corbon papers. Pages 1 and 2 should be filled in the ond Mental Hygiene prior to buriol, cremation, or removal.		NO	PART 2. OTHER SIGNIFICANT C	DBY: E CAUSE (o) Q to DUE TO, OR AS A CONSI (b) DUE TO, OR AS A CONSI (c)	EQUENCE OF	f hemon	filmill's	lina	OXMATE INTERVAL EN ONSET AND DEATH
L RECO	7	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINITING CAUS	DINGS USED SES OF DEATH?
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VISION C G PHYSIC ottending er this cer s the burio t and Ment		MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OF		211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
O HOSPITAL OR ATTENDIN eformed by the hospital on a TO FUNERL DIRECTOR, Att should be detached for use or with the State Dept of Health MAPORTANT: If Hem 21 is more	7		22a.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE  The same of the s	D, DE LE	en, h	d that in (my) (aur) apinion DEGREE  ATTENDING PHYSICIAN [ 220 ADDRESS C 10 S 7. J 0.5	MEDICAL STAP DIRECTOR PHYSIC	22c. DA	the causes stated  ATE SIGNED  O/23/67  WSON, MD
ВР	2	3a B	grial, cremation, removal cremation	10/24/87		EMETERY OR CREMATORY MOUNT	Baltimo	ore City Ma	aryland
DHMH - 16 60M 7/8- (VRA 15, 4)	4	4 FU	neral director tchell-Wiedefe]	ld Home, Inc.	Balto.,	York Rd. I	CT 2 9 1987	25b REGISTRAR'S SIGN	



9674 OCT 26	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIEND REG. N	281	3 C
	1. DECEASED NAME	FRST	A	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEA	2b HOUR
oge 3	(TIPE OKPRINT)	Lucille	9	A.		Kerner	October :	20 1987	,
mo)	3. SEX		4. RACE		S. DATE (		6. AGE (IN YEARS LAST BE		YEAR IF UNDER 24 HRS
rs of	Female		White	9	Augu	st 30 1922	65	YRS	ATT TOOKS MIN.
Poge I direct	7a. BIRTHPLACE (ST	TATE OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEAT	н
Con 270	W.VA.		USA		WIDOW		Baltimore	County	M
of the full	10 CITY OR TOWN C	OF DEATH		HOSPITAL, NURSIN HEACHTY, GIVE STREET MIddlesex		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIFE	OF WORKING LIFE) INDUS	ND OF BUSINESS OF TRY
MARYLAND 212 red within 24 hour property filled in conglerely filled in conglerer multibe	USUAL RESIDENCE 130. STATE  Md 14 FATHER'S NAME FIRST  ROY	Bal:	to.	GIVE RESIDENCE BEFORE  131. CITY OR TOW  ESSEX  LAST.  NOTMAN		134 INSIDE CITY LIMITS? YES NO LA  15. MOTHER'S MAIDEN N FIRST  LUCY	136. STREET ADDRESS	<del>lesex Road</del> Jackso	21221 LAST
	In WAS DECEASED		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR		71.1
MORE, IMORE, Poges	NO OR UNKNO	WN) (IF YES, GIVE	E WAR OR DATES	236-30-	8523	Edward Ker	ner 1032 Mic	Alesev Pd	21221
ficore be execuply siction ond crops physician ond crops propers. Poges movel.	LIR CALISE OF	DEATH (Enter onl	u one coure per	line for (o), (b), an		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1002 1110		PROXIMATE INTERVAL VEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, ONC. PHYSICIAN, The low regular othersking physician, then the burioliticants perm. The hand Amendal Hygere principle or the division of the permitted of them 38 shows any infative or them.	190. DATE OF C	OPERATION .	19b CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FI IN CERTIFYING CAU YES [	NDINGS USED USES OF DEATH? NO
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otherdin series	(IF EITHER NOTI	NOT WHILE AT WORK	218 PLACE (	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211. LOCATION STREET	CITY OR T	OWN COUNT	Y STATE
A Paris		that (I) (this hospit	al) ottended th	e deceosed from_		, 19	, to		, that (I) (we) lo
2 g 5 g 5	saw the c above, (1)	deceased alive an, (we) (did) (did not	) view the body	ofter death.	, 0	nd that in (my) (our) opinia	death occurred an the o	late and haur and fram	the causes stated
AL OR A the hos at DiREctor one Dept	27% SIGNASU	avia	- 6	2 , ,	no	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	DATE SIGNED
D HOSPITAL solined by the Sound be det into the Stone	00	N'S NAME LITYPE OF		(mp		22e ADDRESS	stern Aue		ere, md,
	23a BURIAL, CREMA	TION, REMOVAL	23b. DATE	23c. t	NAME OF	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP	SPECIFY) Buri	al	10/23/	/87 H	olly	Hill Cemeters	C		Maruland
DHMH - 16 50M 1/81 (VRA 15, 4)	NAME	· OK	Home 30	ADDRESS 00 MaceAv		. 25e. D7	CT 23 1987	The second	NAME OF TAXABLE

(VRA 15, 4)



IMPORTANT: If Hem 21 is morked or Hem

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND **CERTIFICATE OF DEATH** 

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26	FOR STATE 7REGISTRAR			DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N			
1.0	DECEASED NAME  YPE OR PRINT)	FIRST Gusta		F. K	ieslin	g, Jr.	2a. DATE OF DEATH	et. 22	, 1987	26 HOUR
3. 9	Male Male		4 RACE Whi	te	5. DATE C	1 23, 1928	6. AGE (IN YEARS LAST BI	YRS	IF UNDER I YEAR	IF UNDER 24 HRS
	BIRTHPLACE (STATE OR COUNTRY)  Maryland		USA	WHAT COUNTRY?	WIDOWE		Baltimore City	e Coun	ty	MD.
	Essex 2122	21	1568 G	alena Ros	address)	DR OTHER INSTITUTION	12d USUAL OCCUPAT (TYPE OF WORK FOR MOST Supervis	DE WORKING LIFE	(Conti	nental Ca
130	Maryland	13b COUN		130 CITY OR TOW		13d INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS Gale:	/ ZIP CODE	d 21221	
			. Kiesl				ie Lovell		LAS	ı a
160	WAS DECEASED EVER (YES NO OR UNKNOWN)		WAR OR DATES	218-22-		Gustav F. K	iesling III		me	
	Conditions, if any gave rise to implement (a), status	, which mediate ng the	DUE TO, O	R AS A CONSEQUER AS A CONSEQUERA A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A C	ENCE OF	confulmos	mate made		\$ETWEEN (	IMATE INTERVAL ONSET AND DEATH
CERTIFICATION		TEM	2000		1	NOT RELATED TO THE TERM	100 AUTOPSY?  YES NOT	20b. IF YES	S, WERE FINDIN	NGS USED
		CAUSE OF DEA	In .	DF INJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCUR				
MEDICAL	21d. INJURY OCCUR  WHILE NOT WE AT WORK AT WORK		21e PLACE	OF INJURY REET, FACTORY OFFICE,	FARM ETC )	211 LOCATION STREET	CITY OR T	NWC	COUNTY	STATE
	22a I certify that (II) saw the deceos abave (II) (we) ( 22b SIGNATURE)	(this haspited of value and did) did nat	tal) attended the DOT Z	atte death		. 19		date and hav	r and from the	
	Allen 1	MF	rielln	nan		711 WY	o Street	#4	00 Ba	to sie)
	BURIAL, CREMATION,	, REMOVAL	23b. DATE 10-26			EMETERY OR CREMATORY  B of Faith Cer	-			
6	ruzdzinski	Funer	al Home	PA 1407	01d I	Eastern Avent	T 23 TOST	Literal	ARES SIGNA	infall.

18 23 103 0 103 03 0 Cot. 22, 1967 out outside . I want to the 4 1836 | April 27, 1928 | 59 natural average x Mail one lyne r Pasox (2122) | 356H Jahana Road | Bulanvisor | Pompidan | Can ISES book and in 1821 x xeens even/fine beninger ilovol mija. griledia . verse. and III while go . I vident | Sec -352-312 | and other

MANY WILLIAM TON BE TORY WINDOWS AND THE BUILD AND THE STATE THE PARTY THE P

Surjail -10-25-87 Unridens of Fotto Com. as timore Dougty, MM.

+1	1	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE 2 8	1 3
		1 - STATE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
168613 0		(TYPE OR PRINT)	1
S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. PANITHIN 72 HOURS	EET,	Greenky / lan LINK DEATH MATED 1	
RECT SECOND	STR	3 SEX 4. RACE 5 DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	20 110011
SARY YOU YOU	TO J	Male White October 14 1958 28 YRS.  The BIRTHPLACE (STATEOR 7% BALTIMORE CITY OR COUNTRY? 8 9. BALTIMORE CITY OR COUNTRY?	
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AY IS NEC	3/1/	ID. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 1/20 USUAL OCCUPATION (THE DE WOO	RK 1426. KIND OF BUSINESS
PAC	1/4	FOR MOST OF WORKING LIFE!  Bethlehem Blvd  FOR MOST OF WORKING LIFE!  Heavy Equip. Ope.	rator
NA D	37	AUTHAL TE THE HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	99999
# AA # OF	1/2	Fayette Smithfield YESK NO   RD 3 Box 245 Bz	15478
E ME	2712	INTATHER'S NAME MIDDLE LAST IS MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
RORE, ACES I AND I AND		MOSTULE WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS PA	Lowery
AFTER NO. P. FO.	1SION	190-50-3378 Susan Klink RD3 Box 245 B <sup>1</sup> / <sub>2</sub> S	
S S S S S S S S S S S S S S S S S S S	a a	18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N S N S N S N S N S N S N S N S N S N S	W.Z	MARTIDEATH WAS CAUSE (O) Martile harmatic infunes	BETWEEN ONSET AND DENTIL
PRESTON CALIFORNIA CAL	- FE	Canditions, if any, which	8 09 194 210
	NO NO NO NO NO	gove rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF	
DIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED WAS TITING THE WORD "PENDING" IN PEN ROED TO THE CHIEF MEDICAL EXAM. SE 3 SHOULD BE USED AS A BURIAL -TA	₹7	lying couse lost.	
ITAL RECORDS, 2 HOULD BE EXECU IRD "PENDING" IP HIEF MEDICAL E USED AS A BURIN	ALTH AND M CREMATION,	PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).	
RECORDS, ILD BE EXEC PENDING": MEDICAL D AS A BUR	ALTH CREA	NO.	
VITAL R SHOULD ORD "PI CHIEF / E USED	F. F.	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?  210 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOURS AND ADDITED BY YEAR 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF INJURY HOURS AND ADDITED BY YEAR 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF INJURY AND ADDITED BY YEAR 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF INJURY IN ITEM 18 PART 1 OF INJURY INJURY IN ITEM 18 PART 1 OF INJURY INJU	20 AUTOPSY?
F VITA WORD TE SHOI WORD TE CHIE	O B	210 EXTERNAL CAUSE WAS 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF	YES NO
NO FILE THE DULP	OR TO	J UNDERLYING CONTRIBUTING CAUSE OF DEATH OF P.M. 10 9 1887 Possenger in auto acciden	-
CERTIFICA TING THE DED TO THE	PROPE	21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION	
DIVISION OF VIT R: THIS CERTIFICATE SH ITE, WRITING THE WORN RRWARDED TO THE CH II: PAGE 3 SHOULD BE U	TATE D	Street, Factory, FARN, Etc.)  8 WHILE AT WORK AT WORK Street Bettlehem B Cod. Ballo, Md.	21219 STATE
ATE, T	15 P	220. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my	
MANN TIPIC ECTO	102	death resulted fram: Natural causes , Accident S. Suicide , Hamicide Undetermined monner ,	1
2002	3/	ACTUAL J. C. LOSSAN ADNOVA TIPE (SPECIFY)	10/9/87
SHOW SHOW	IIMORE,	SIGNATUREM.DMEDICAL EXAMINER SIG	NED
O MEDICAL EXAMINER: EXECUTE THE CEPTIFICATE AGE 4 SHOULD BE FOR	EN A	EXAMINET'S NAMEJ CRUSSIAN O'DONOVAN ADDRESS 212 DUNDALK AVE. BA	+LTO, MD. 21222
TOT	7	236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN	OUNTY STATE
9999BF		Burial 10/12/87 Evergreen Memorial Point Marion Faye	ette PA
DHMH- (VR A15 M	17	NAME 7922 Wise Ave: Dundalk, MD 21222	SSIGNATURE
20M 4/		Duda-Ruck Funeral Home of Dundalk, Inc.   OCT 14 1987	

6	Catherine   Cather	STATE				ARTMENT OF	HEALTH AND	MENTAL HYGI		2 REG. NO -	8	1	) ····
					MIDDLE				20 DATE OF DE				2b. HOUR
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g 100 100	7a B	IRTHPLACE (STATE OR F	OREIGN	6 CITIZEN OF	WHAT COUN	MARRIE	D NEVER	MARRIED -	9. BALTIMORE	CITY OR CO	UNTY OF D	EATH	
deot				Balt		e widow	EDO D	NORCED [				_	2 1110
of the f	Ra	ndal1stown		B. C. SU	CHEACILITY, GIVE		OR OTHER INS	TITUTION	TYPE OF WORK FOR	MOST OF WORK	ING LIFE) IN	DUSTRY	
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The state of the s		ATHER'S NAME					15 MOTHER		ΛE				
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RE.	16a V				166 SOCIAL	SECURITY NO.	17 INFORMA	AMrs. Ca	therine	APPRESHY			
Pog P	1		(IF YES, GIVE		216-3	2-5430	2221 5	Southlan	d Road	Balti	more,	MD.	21207
ADS, 201 W. PRESTON S equires that the death ce- signed by the attending Then please remove carbo to burial, cremation, or ra- niury, or other traumatical	NOI	Conditions, if any, gave rise to imm cause (a), statin underlying cause	which nediate g the last.	DUE TO, O	OR AS A CON	SEQUENCE OF		D TO THE TERMI	NAL DISEASE OI	R CONDITION			
he low roon. has been to permit. ene prio	TIFICAT	19a DATE OF OPERAT	NOI	196. COND	ITION FOR W	VHICH OPERATION	N WAS PERFO	DRMED		INC	ERTIFYING		
I OF VIT, ICIAN. T g physic entificate riol-trans intol Hyg hem 18 sh		OR CONTRIBUTING	AUSE OF DEAT	TH HOUR A	M. MONTE		21c. HOW IN	NJURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITE	M IS PART TO	RPART 2)	
IVISION  GOTTEN  The this of the burn hand Meded or the burn the b	MEDI	WHILE NOT WH	HLE	21e PLACE (AT HOME ST	OF INJURY REET FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	ON 1	C1	TY OR TOWN	C	OUNTY	STATE
Z A A A A A A A A A A A A A A A A A A A		22a I certify that (1)	(this hospit	al) attended th	ne deceased t	from		. 19	, to		. 19		that (I) (we) last
Ppito Ppito for of h		saw the decease abave, (1) (we) (c	ed alive an	) view the bady	alter death.	.19, o	nd that in (my)	) (our) opinion d	leath accurred ar	the date an	d have and	from the c	ouses stated
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TO FUNER Should be with the Str		EDM	いいい	6 1	CACM	1 <b>c</b>	Bolt	Ch Se	ul 140	ze H	1		
		(SPECIFY)	REMOVAL						CITY OR TO	NWC			STATE
BP													MD.
DHMH - 16 60M 7/B4 (VRA 15, 4)	87	UNERAL DIRECTORO: NAME 28 Liberty	ring I Road	Byers F Randa	uneral 11stow	n, MD.	rs, Inc 21133	OCT	2 9 1987	STRAR 256. RE	MEN'S		lace.

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e Q	age 3			irgaret		nerine	KNAU	ER		October 3		7	8:39a M
T dy	o p	3 SE	X	4 RA	CE		5 DATE			6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER TYEAR	
e 4	rs of	F	emale		White	9	Aud.	13, 189	92	95	YRS	MONTHS DAYS	HOURS MIN.
20	42 07	l'o B	IRTHPLACE (STATE OR FOR	EIGN 76. C		HAT COUNTRY?	8	D NEVER MARRI		9 BALTIMORE CITY	OR COUNTY		
first first	(2)		alto. Md.		J.S.A.		WIDOWI	DIVORC	CED 🗆	Baltimo	re Cour	nty	MD.
1	11	10 C	ITY OR TOWN OF DEATH			OSPITAL, NURSI		OR OTHER INSTITUTI	ION	120 USUAL OCCUPA		126 KIND (	OF BUSINESS OR
201	10/	R	ossville		rankl.	in Sa L	locnit	al		House wife			keepina
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death cert profit by anysician.	100		AL RESIDENCE (IF NURSING STATE 13	Baltin		36. CITY OR TOV		134 INSIDE CITY LIV		13e.STREET ADDRES		Rd. 2	1236
MA /	战术		ATHER'S NAME				IGTT	15 MOTHER'S MAI	-74	AE .		V.Nu. Z	1276
MAR bed w			Peter	MIDDLE		Wink	ler	Marc	daret	Middle	nkler	Reinf	elds
RE,	lico I		WAS DECEASED EVER IN	U.S. ARMED		66 SOCIAL SEC		17 INFORMANT	garot	ADD	RESS 291	10 Nort	hwind Rd.
IIWO	ne ne		no	IF TES, GIVE WAR	OR DATES!	219-20-6	017	Mr. Rich	hard	J. Knauer	, Balto	.Md. 2	1236
A P	vol.		18 CAUSE OF DEATH	Enter only on	e couse per li	ne for (a), (b), o	nd (c ···					APPROX BETWEEN	ONSET AND DEATH
ST.	or property or pro			MEDIATE CA		Acute R	espir	atory Fail	lure	and Arres	t		
NO É	carb carb , ar				DUE TO, OR	AS A CONSEQU	ENCE OF						
REST deo	otto ottor		Canditians, if any, v	hich (	(b)								
W. W	y the crem crem ther		cause (0), stating		DUE TO, OR	as a conseou	ENCE OF						
201 s the	ed b pleas rial, ar a			LCANIT CONIE	(5)	TO SULT DISCUST	DE ATIL DUE	NOT BELLIED TO T					
DS,	segn hen ta bu	Z	PART 2 OTHER SIGNIF	ICANT CONL	IIIONS <u>COI</u>	NIKIBUTING TO	DEATH BUT	NOI RELATED TO T	IME IERMI	NAL DISEASE OR CO	NOTION GIV	EN IN PART II	a
CO	been mit I	CERTIFICATION	190 DATE OF OPERATIO	N	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	D	200 AUTOPSY?	20b. IF YES	S, WERE FINDI	NGS USED
AL RE lo on.	has ber	I H								YES NO V		YING CAUSES	OF DEATH?
N: T	Hygin Hygin	T W	210 ACCIDENT WAS UNDER		216. TIME OF		AY YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF IN		PART 1 OR PART 2)	
OF ICIA 9 Ph	certificate priority from 18 sh	₹ S	OR CONTRIBUTING CAL		P.M		19						
NOIS PHYS endin	e bu	MEDICAL	21d INJURY OCCURRED		Ne PLACE O	F INJURY	FARM ETC )	211. LOCATION STREET		CITY OR	town	COUNTY	STATE
NG Ste	fter os th orked	1	AT WORK AT WORK			10							
N P	USe Heolism		220.1 certify that X (the saw the deceased	his hospital)	ottended the	deceased from	gtobe	r_31 19	87	octob		19_87	thatXX(we) last
ATTE	d for		above, V1 (we) (did	Mix Yoy viev	w the body a	fter death.		Λ'	apinian d	eath accurred on the	date and hou		
9 e	DiR. Oche Dep		22b. SI LATURE	100-	1.00	410		DEGREE	IDING	MEDICAL ST	TAFF		SIGNED
by th	RAIL Not de	-	22d PHYSICIAN'S NAM	E (IV) CO POUR	Mas	MAND		PHYSI 22e ADDRESS	KIAN M	DIRECTOR PHY	SICIAN	10-	31-87
HOSP	should be det		David Za		M.D.				ank 1 i	n Square	Dr. Ba	lto., M	D 21237
75	⊢ ™ 3 ≦	23e	BURIAL, CREMATION, RE		DATE			EMETERY OR CREM		23d LOCATION		COUNTY	STATE
BP			Burial	]	11-3-19	987   St	. Jos	eph Church		. Fuller		Balto.	Md.
	I - 16 60M 7/84		UNERAL DIRECTOR			ADDRESS			250 DATE	REC'D. BY REGISTRA	AR 256 REGIST	Derden-	Kindaes
()	VRA 15, 4)	E.	F.Lassahn, 1	1750 Be	elairRo	d.Kingsv	ille,	Md.21087	INUV	03 1987	0		

4 9 8 NOV -2	87-	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		281	37
	I. DEC	CEASED NAME FIRST	MIDDLE	·	AST	REG. NO		AR 2b HOUR
e e e	TYPE	OR PRINT)	ממ אנומים	VOC	IENDA	OCTOBER	28, 1987	6:58 P
pog r dec	3. SEX	WALTER	RACE	S. DATE C		6. AGE (IN YEARS LAST BIR		
tor, page 3 after death	3 357	MALE	WHITE	MONTH	DAY YEAR		MONTHS	DAYS HOURS MIN
ogo direc	70 810		L CITIZEN OF WHAT COUNTRY?	AUGU		9. BALTIMORE CITY O	R COUNTY OF DEAT	Н
death. Page uneral direct par 72 hours.	M	OUNTRY) IARYLAND	U.S.A.	WIDOWE		BALTIMOR	E COUNTY	٨
by the fi	F	ORT HOWARD	1. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET VA MEDICAL CEN	T ADDRESS)	PR OTHER INSTITUTION	126. USUAL OCCUPATE (TYPE OF WORK FOR MOST O STOCK ROOM	F WORKING LIFE   INDU	ND OF BUSINESS C
filled in fould be	13a. S	MARYLAND	THER INSTITUTION, GIVE RESIDENCE BEFOR Y 13c. CITY OR TOV BALTIMO	WN	13d. INSIDE CITY LIMITS?		LLINGTON A	2123 VENUE
letely d 2 sh	14. FA	THER'S NAME FIRST MA	IDDLE LAST		15 MOTHER'S MAIDEN NA.	ME		LAST
3 66 300	1		MN KOCIENI		ALEXANDR			CKUCKA
ond co	16a. W	AS DECEASED EVER IN U.S. ARMI	ED FORCES? 166. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	SS	
S. Pool			WAR II 215 07	1742	CLINICAL REC	ORDS, VAMC,		
physici on paper emaval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per line for (a), (b), or BY: CAUSE (a) CARDIOPU		RY ARREST		BE I'	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ires that the death gned by the ottend n please remave ca burial, cremation, ry, or other traumal		gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CC	DUE TO, OR AS A CONSEQUE (c) PARKINSO	DN'S D			DITION GIVEN IN PA	RT I(o)
been sig mit The prior to I	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WERE F	
on he le	Ī					YES NO X	YES [	NO [
KCIAN: The 3 physicio errificate iol-transit intal Hygie em 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PA	RT 2)
O Tion	<	(IF EITHER NOTIFY MEDICAL EXAMINER)		19	10.00			
G PHYSICIAN: ottending physis ter this certifical s the buriol-tran t and Mental Hy riked or Item 18 s	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d IN JURY OCCURRED  WHILE OT WHILE OF WORK	P.M.  21a. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	19	211 LOCATION STREET	CITY OR TO	OUN COUN	
TTENDING PHY: pital or attending TOR: After this far use as the bu of Health and M	MEDICA	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that th (this haspita	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)  all ottended the deceased from	FARM, ETC )	2 19 87	city or to	2819_82	7 that XI) (we) le
OR ATTENDING PHY: he hospital at retractions DIRECTOR: After this roched for use as the bu t Dept. of Health and M if Item 21 is marked ar		21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that the (this haspita sow the deceased alive on obove. 30 (we) (did1 (d3/2361) 22b. SIGNATURE	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.  101) attended the deceased from, OCTOBER 28 view the body offer death.	FARM, ETC )	2 19 87 nd that in (%) (our) opinion DEGREE ATTENDING PHYSICIAN	city or to	28 19 8° ote and hour and from	STATE  7 that X() (we) lo
OSPITAL OR ATTENDING PHY: ed by the hospital or attendia UNERAL DIRECTOR: After this d be detached for use as the bu the State Dept. of Health and M NRTANT: If them 21 is marked an		214 INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. L certify that \$21 (this hospito sow the deceosed alive on obove. \$20 (we) (did) (d)\$\frac{327}{3261}\$.	P.M.  21e. PLACE OF INJURY IAT HOME. STREET, FACTORY, OFFICE.  SIT) attended the deceosed from, OCTOBER 28 view the body offer death.  PRINT!	FARM, ETC )	2 19 87  and that in (%) (our) opinion  DEGREE  ATTENDING	to OCTOBER  death occurred on the death occu	28 19 8 ote and hour and from	STATE  1, that $\frac{1}{2}$ (we) log the causes stated DATE SIGNED  1, $\frac{1}{2}$
ITAL OR ATTENDING PHY: by the hospital or attending ERAL DIRECTOR: After this edetoched for use as the bu State Dept. of Health and M NIT: If them 21 is marked ar	230 8	214 INJURY OCCURRED  WHITE NOT WHITE 1  220.1 certify that \$1 (this haspito sow the deceased alive on bove. \$2 (we) (did) (d\$2\$\text{X01})\$  22b. SIGNATURE  22d. PHYSICIAN'S NAME (19PE OR)  JULIN F. TANG  URIAL, CREMATION, REMOVAL	P.M.  21e. PLACE OF INJURY IAT HOME. STREET, FACTORY, OFFICE.  31) ottended the deceosed from, OCTOBER 28 view the body offer death.  PRINT!	FARM, ETC)  JULY  87, or	2 . 19 87  and that in (%) (our) opinion  DEGREE  ATTENDING PHYSICIAN [	to OCTOBER  death occurred on the death occurred on the death occurred on the death of the death occurred on the death occurred occurred on the death occurred occurred occurred on the death occurred occur	28 19 8 ote and hour and from the clank.	That I (we) low the couses stated DATE SIGNED 0-29-87  AD 21052
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TO HOSPITAL OR ATTENDING PHY: refound by the hospital or attending TO FUNERAL DIRECTOR. After this should be detached for use as the bu with the State Dept. of Health and M IMPORTANT: If Hem 21 is marked or	236 8	214 INJURY OCCURRED  WHITE NOT WHITE 1  220.1 certify that \$1 (this haspito sow the deceased alive on bove. \$2 (we) (did) (d\$2\$\text{X01})\$  22b. SIGNATURE  22d. PHYSICIAN'S NAME (19PE OR)  JULIN F. TANG  URIAL, CREMATION, REMOVAL	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.  OCTOBER 28 view the body offer death.  M.D.  23b. DATE  23c.	FARM, ETC.)  JIJI, Y  87, OI	2 19 87  nd that in (%) (our) opinion DEGREE  ATTENDING PHYSICIAN [ 220 ADDRESS  VA MEDICAL C EMETERY OF CREMATORY COSATY Cem.	to OCTOBER  death occurred on the death occurred on the death occurred on the death of the death occurred on the death occurred occurred on the death occurred occurred occurred on the death occurred occur	28 19 8 ote ond hour ond from 127c.  HOWARD, I	Ty STATE  Thorax (we) I me the couses stoted  DATE SIGNED  0-29-87  AD 21052  STATE Md

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2, 201

w the funeral director, page 3 led within 72 haurs after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the buriol-transit permit. Then please remove corban papers: Pag with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the med

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

5	58	STYTE REGISTRAR		DEPAK	CERTIF	ICATE OF DEATH	REG. NO	o			
		CEASED NAME FIRS OR PRINT) Alfr		WIDDIE	Kolin	sky	20. DATE OF DEATH Octol	ber 23,19	987	26 HOUR	
	3. SEX	Male	4. RACE Whit	e	May	17, °1919 YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDE	DAYS	IF UNDER 2	24 HRS MIN.
0		RTHPLACE   STATE OR FOREIGN COUNTRY) Pa.		WHAT COUNTRY	? 8 MARRIED WIDOWE	NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY OF Baltim				MD.
1	-	TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURS CHEACILITY, GIVE STREE Joseph H	ET ADORESS]	R OTHER INSTITUTION	170 USUAL OCCUPATION OF THE SYSTEMS E	ON 126 WORKING LIFE) INC ING INEET		F BUSINE	SS OR
2	USU/ 13a. S	AL RESIDENCE (IF NURSING HO STATE Md.	ME OR OTHER INSTITUTION COUNTY Baltimore	GIVE RESIDENCE BEFORE  13. CITY OR TO  TIMONIU	ORE ADMISSION) WN 1m	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS C	KIP COUrt	210	93	
2		Samuel	MIDOLE	Kolin'sky	7	is. MOTHER'S MAIDEN NAM Satah	MIDOLE	Clearfi	.elď	ī	
	16a V	VAS DECEASED EVER IN U.: YES, NO OR UNKNOWN) {IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	180-16-		Mrs. Penelop	e C. Kolins				
	NO	Canditians, if any, whice gave rise to immedia cause (a), stating the underlying cause las	th (b)	OR AS A CONSEQ	UENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN	PART 110	0	
1	CERTIFICATION	19a DATE OF OPERATION	19b. COND	OITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES			H?
1	CAL CER	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A	OF INJURY ,.M. MONTH .M.	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART T OF	RPART 2)		
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE CAT WORK	(AT HOME ST	OF INJURY TREET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR FOV	NN CC	YIAUC	5	TATE
		270. I certify that (I) (this saw the deceased oli abave, (I) (we) (did) (c	ve an	19	, or	, 19 nd that in (my) (aur) apinion of DEGREE ATTENDING, PHYSICIAN	, to, to, the double of the	11			
/		Jeffrey Pa				6502 Garden		Pikesvi	lle,	Md.	
	230 E	BURIAL, CREMATION, REMO SPECIFY) remation				emetery or crematory w Crematory	Baltimor				TATE
		UNERAL DIRECTOR	Homo	ADDRESS		York Rd. 250 DATE	REC'D. BY REGISTRAR		SIGNAT	URE	

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Sind Malaton No	1 DE L. PORTIO	E000- 1-001	0
10/24 10/24			
		named and the same of the same	

	1.	FOR STATE	DEPARTA	NENT OF HEALTH AND MENTAL H	YGIENE O	4 9 1 9
Q DOT I	20	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
0 001 1	7 05	EASED NAME . FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	[TYPE	ORPRINT) Phosos	ut K	Kallas	(1)	2 87 10
depth depth	0.05	KIHRYa	ul N	MOTIER	10	
e b	3. SE	7	RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS N
100	1	PEMALE	WHITE	10 05 02	84 YR	
2 %	7a Bl	RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
ミスフ	BA	HD. MARYLAND	11.5.A.	WIDOWED TO DIVORCED	624 / / / / / / /	RE CO.
101	10 C	TY OR TOWN OF DEATH 11		G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS
VAU	7	ALTIMORK V	NE NOT IN SUCH FACILITY, GIVE STREET	Esing Center.	TYPE OF WORK FOR MOST OF WORKIN	INDUSTRY
1/201	USU	AL RESIDENCE (IF NUR NO HONDENCE)		ADMISSION	I FIUND IN	21.
15	M	ARYLAND WILLOWIN	1 mm A .	ORE 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP CO	SCEPRY RD
	ILE/	THER'S NAME	1)152711	15. MOTHER'S MAIDEN N	NAME	TUM-TIP.
1 / 3 S	(5)	HADDY MIC	RDOLLAST IN	Ma FIRST	15- MIDDLE	1 m 1/1/1/201
2/0/	160 V	VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	LEUNITHKE
960		ES, NO OR UNKNOWN) (IF YES, GIVE W		7241		CURDS
S E		NO	712-28.	2711	HAMILY PE	
0.0		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E	one couse per intor (a), (b), and	15	1 -	BETWEEN ONSET AND DE
0 10 10		IMMEDIATE (	111.4/6	ral I brom	hoze	
4 4						
900.0		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF		THE ASSESSMENT
\$ 6 B		gave rise to immediate	(b)			
9 5 4		cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF		
or o			(c)			
hen p to but jury.	N	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TE	rminal disease or condition	GIVEN IN PART 11a
19 17	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? Z0b. IF	YES, WERE FINDINGS USED
1000	FIC	THE OF GLERNION	I'M CONDITION ON WHICH	OF ENAMED WAS TEN OWNED	IN CE	RTIFYING CAUSES OF DEATH?
7 9 9	E X				YES NO	YES NO
の子 田	100,04	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 216. HOW INJURY OCC	JRRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
4 4 4	SAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
1 × 6	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STAT
1 6 3	2	NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC ) STREET	CITORIOWN	COUNTY STAT
of the		22a. I certify that (I) (this hospital	attended the decound from	6-5 108	6 10 64-2	10 8 )
5 g g		saw the deceased alive op.	9-8 10	, and that in (my) (aur) apinio	an death accurred an the date and	19 that (I) (we
7 - E		oboye, (kTwel(did) (did nat))	new the body ofter death.		an deam accorred on the date and	
200		27h SUSNAMONE	0 - 11	DEGREE	MEDICAL CTASS	22c. DATE SIGNED
der rt.		( Jacol	50404	M ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-5-8-7
45.5 1		274 PHYSICIAN'S NAME (TYPE OR PE	RINT)	22e ADDRESS	1	
# b b		KADULA	B. RIR	7220 8	ARKHEIGHTS	A11 2120
ORT D			1- 1 -1/0)	1/201	11010111	1100
MPORT	22-0	LIDIAL EDENGLISHED I	225 DATE 122 -	AME OF COMPTERY OF COR.	1224 LOCATION	
Inhouse the the		URIAL CREMATION, REMOVAL-	23b DATE 23c. N	TAME OF CEMETERY OR CREMATOR	23d LOCATION	, COUNTY > STAT
theold to (MPORT)		BURIAL	23h DATE 10-05-1987 DE	MEANEY VALLEY	COCKEYSVI	WE BALTO. CL
6 60M 7/B4			73b. DATE 10-05-1987 D	MEANEY VALLEY	23d LOCATION CITY OR TOWN ATE REC'D. BY REGISTRAR 25b. REC	US BALTO. CL

0.6.1	0 2 0	9 OCT	1	FOR STATE	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.
00	3 0 3	7 001	4	DECEASED NAME FIRS	in the state of th
	y be	de o de		Lo	uise c. Kret Oct 10-23-1987 1:43 Am
	E	- t	3.	SEX	4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	ge 4	ecto irs of		temale	While 9-15-1899 88 YRS
	Pog.	22 197	7	BIRTHPLACE (STATE OR FOREIGH	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED   BALLIMORE CITY OR COUNTY OF DEATH
	deoth.	16 7	)	USA MID	WISA WIDOWED DINORCED DI BOLTO COUNTY MD.
= 1	offer			Balta. MD	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
120	hours	200		SUAL RESIDENCE (IF NURSING HO	DIME OR OTHER INSTITUTION GIVE RESIDENCE REPORT ADMISSION
AND 2	n 24 h	131	) ]		ALTIMORE CARNEY 136 INSIDE CITY LIGHTS? 136. STREET ADDRESS / ZIP CODE 21234  YES NO
8×L	with	致力	71	FATHER'S NAME FIRST	MIDDLE LAST FIRST - MIDDLE LAST
A A	ted	the state of	_	Henry F. Bec	ker Augusta Wagner
ORE,	xecn	a pop	1 10	WAS DECEASED EVER IN U.S	S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS  9628 Oak Summit Avenue
- IW	e e	S. Poger		No	217260814   Shirley C. Chmilewski
01 W. PRESTON ST., BA	that the death certifica	d by the ottending physic lease remove carbonpape ial, cremation, or removal, or other troumatic event, the		Canditions, if ony, whice gove rise to immediate cause (a), stating the underlying cause los	DUE TO, OR AS A CONSEQUENCE OF
05, 2	an in ea	signe hen pl to bur ijury, c			ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
AL RECORDS	he low red on.	os been bermit. The prior	7	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
Y.	JAN: T	s certificate had a series of the series of	-24		LIQUE AND MODIFIE BANK NEWS
0	SKC14	buriol-t Mentol	7	OR CONTRIBUTING CAUSE (	OF DEATH
DIVISION OF	G PHYSICIAN:	s the bu ond Mo		OR CONTRIBUTING CAUSE ( IF EITHER NOTIFY MEDICAL EXA  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
ō	Zoo	Se on se of the mor			haspital) attended the deceased from, 19, to, 19, that (I) (we) last
-	TEN	for use of Heal			ve an, ond that in (my) (aur) apinion death occurred on the date and hour and from the causes stated iid not) view the bady after death.
	R ATTEN haspital	DIREC Sched 1 Dept. f Item		22b. SIGNATURE	DEGREE 22. DATE SIGNED
	0 0	re De		Bester	ATTENDING MEDICAL STAFF 10/23/89
	SPITAL by #	FUNERAL old be det the State ORTANT:	1	224. PHYSICIAN'S NAME	
	HOS	should be deto		BEATE	2/2 P. D/20N St. Greph Hospital Vousce 21204
	D = 1	₩ # 3 <b>3+</b>	2	BURIAL, CREMATION, REMO	
	BP.			Duragl	16-26-87 Baltimen hattena 1 Bellemone, Why land STATE
		- 16 60M 7/84 /RA 15, 4)		FUNERAL DIRECTOR	250 DATE RECUD BY REGISTRAN 250 JEDISTRAN 25

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9 2 9 8 001 21	1. 87	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	REG. N			6
4 moy be oi page 3			FIRST	ARACE S. DATE OF			DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF U	DAY YEAR 26 HOUR 16 87 11PM M 16 UNDER LYEAR 16 UNDER 24 HRS MONTHS DAYS HOURS MIN.	
death. Page . Unferal directe thin 72 hours o		RTHPLACE (STATE OR: COUNTRY) Md.	U.S.A			8. MARRIE WIDOWE	_	9 BALTIMORE CITY O	OR COUNTY OF DEATH		DUNTYO
hours after be filed wi	USU	TOWSO	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADDRESS)	+OSPITAL	Sec. Tres	working (life)	MESEY/C	ut.#11
d within 24 molecular mus	14. F	Md. ATHER'S NAME PREST	Balto.		Balto.  Kues		13d INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NO Katie	STREET ADDRESS AME		.21236 nknd₩n	
be executed and company of the pages 1 d medical second	-	VAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 213-10-		Debra Kirc	hner 9416		en Rd.	
RDS, 201 W. PRESTON ST., BAR equires that the death certificate in signed by the attended of the Then please remave that date to burial, cremation or it filling injury, ar other traumble seems	NO	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
TYSICIAN: The law r ding physician. s certificate has bee burial-transit permit. Mental Hygiene prio rr frem 18 shaws any	L CERTIFICATION	19a DATE OF OPERA	DERLYING [	216 TIME C			N WAS PERFORMED	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	YES [		
G Prenter the sthe sthe sthe sthe sthe sthe sthe	MEDICAL	AT WORK - AT WC	RED HILE	21e PLACE (AT HOME ST	,M, OF INJURY REEL FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
HOSPITAL OR ATTENDING by the hospital or FUNERAL DIRECTOR. A vid be detoched for use in the Store Dept. of Heal ORTANT: If Nem 21 is m		220.1 certify that (I) sow the decess obove, (I) (was ( 220. SIGNATURE  22d PHYSICIAN'S N	ed olive on did) (did no	10 - 10		87.	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STA	FF _		
BP		BURIAL, CREMATION,	REMOVAL	Oct.1	9,1987	Sard	en of Faith	23d LOCATION CITY OR TOWN Balto.			Ad.
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	uneral director name chimunek	Fune	9705	Belair	Rd.	Balto., Md?	TE REC'D. BY REGISTRAR		R'S SIGNATURE	

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57-41-1

	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH												
068611 OCT	F (	REGISTRAR		WEL	JICAL	EXAMIN	IER'S C	ERTIFIC	ATE OF			REG. NO.	77.1	05.40	
	(TYP	ASED NAME E OR PRINT)	Pouc	LAS .	SHA	NW	1	UTE			DATE KNO OF ES DEATH MA	TI- I	ONTH DAY	YEAR 1987	26 HOUR
PIE	3. SE)	(	RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YE			IF UNDER 24		DATE		NIH DAY		2d HOUR
SARY, PLEASE DIRECTOR. OUR FILES. HINZ HOURS	1	Male	White	10-6-58			RS. MONTH	S DAYS	HOURS	MIN PRO	DEAD	1	0 10	1987	17:30 M
SHEET SHEET		BIRTHPLACE (STATE OR FOREIGN COUNTRY)		76 CITIZEN OF WE	AT COUNTRY?		MARRI	ED NEV	ER MARRIEC	× 9,1	BALTIMORE	CITY OR CO	DUNTY OF	DEATH	
83555		Marylar		USA			WIDOW	ED DIVORCE			Baltimore			126 KIND OF BUSINESS	
SESES A	10 CI	CITY OR TOWN OF DEATH  Baltimore SUAL RESIDENCE (IF IN NURSING HOME O		11 NAME OF HOS	PITAL, NURSING HOME, OR OTH CILITY, GIVE STREET ADDRESS) Cratman Road		E, OR OTH	ER INSTITUT	ION 1	FOR MOS	OCCUPATION OF WORKING	ORK 12b K			
A SALES									Radio	ology-	Johns	Hopk	Hopkins		
E ANY D AND 3 AND	130 S	Maryland Balt			E RESIDENCE BEFORE ADMISSION)  13c CITY OR TOWN  Dundalk		ON)	13d. INSIDE CIT	17 FIWI1255	3e STREET 802	ADDRESS 29 Str	Road	ad 21222		
MD.	14. F/	THER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDEN	NAME	MIDDLE			LAST	
OEA JEE		James	L		Jones			Lois						Campbell	
LTIMORE. AFTER DEA WE PAGES WE PAGES SION FE	16a V	VAS DECEASED ES, NO. OR UNKNOV	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)				17 INFORM		ADDRESS					
A SA		No			216	<del>-74-35</del>	80	James	s L. J	ones	8029	Stratn	an Ro	pad :	21222
E 05000		18 CAUSE OF	DEATH (Enter on	y one cause per line	- 4				Λ.	1	The D			APPROXIMATI	INTERVAL T AND DEATH
S TOTAL	-	Q J J MMEDIATE CAUSE (0) CAROLOPULMONARY HEREST													
10000000000000000000000000000000000000	/	Conditions, if any, which													
325858		gove rise	to immediate	(b)		155.0.15.10.				2					
N AN		cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF										3 5			
A. S.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g													
S A E	Z	The second secon										>11	Dur		
# 98% AV	CERTIFICATION		190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?											AUTOPSY'	490.
A SERVER A	FF	1											-	YES 🗆	NO 🗆
VISION OF VI CERTIFICATE SI TING THE WO ED TO THE CA 3 SHOULD THE PRIOR TO BU	CER	210. EXTERNAL		216. TIME OF		DAY YEAR	21c. HC	OW INJURY	OCCURRED	(ENTER NATU	IRE OF INJURY IN	NITEM 18 PART I	OR PART 2)	120 🗀	1.0
ON DESCRIPTION ON THE CONTRACT OF THE CONTRACT		UNDERLYING CONTRIBUTIN	G CAUSE OF E		MUNIN	19	`								-
S CERTIFIC BITING TH RDED TO SE 3 SHOU OI PRIOR	MEDICAL	21d INJURY O		21e PLACE C STREET, FACTO				CATION			TY OR TOWN		COUNTY		
AARD AARD	5	AT WORK	AT WORK	31,120,1	on t, t ARM, E	10.7		INCET			IY ON TOWN		COUNTY		STATE
D, 22		22a   certify	that I taak chora	e af the remains desc	ribed abo	ve. held on	Autop	v [].	Inspection	X.	nquiry	and in r	ny opinian		
EXAMINE CERTIFICATION DE FOULD BE FOULD BE FOULD BE FOULD BE FOULD BE FOUND		death resulted	d from: Notur	ol causes 🔊,	Accident	Su Su	icide	Hamici			ined manner		., -, -, -, -, -, -, -, -, -, -, -, -, -,		
XXA LID E LID E WITT		100	On-	n 11	11			TITLE (SP	PECIFY)			mrs.		1 1	1
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DHMH - 16 60M 7/B4 (VRA 15, 4)	R		BURG FUNERAL 19		250 DATE R	ec'd, by registran regis	TRAR'S SIGNATI	IRE.

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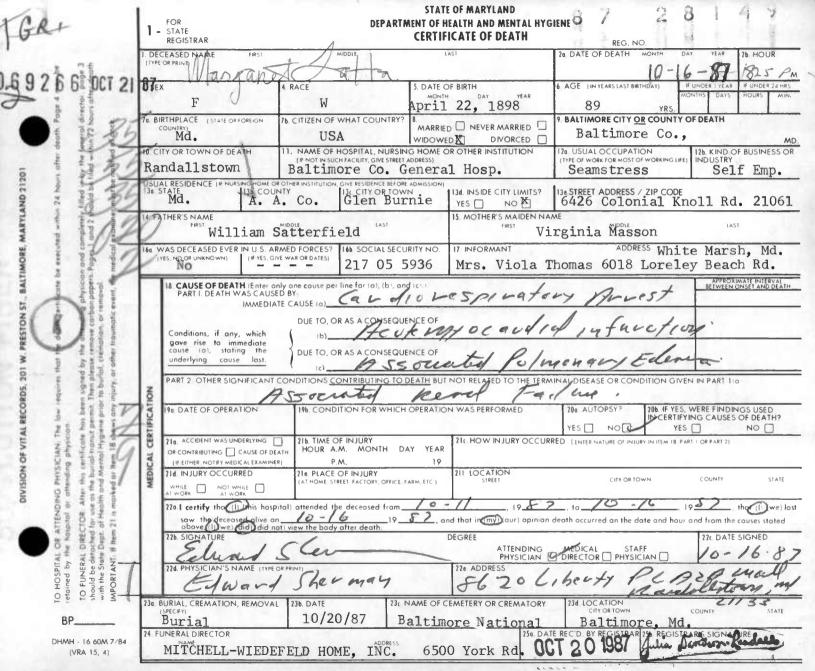
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME ALIDDI F 20 DATE OF DEATH MONTH DAY 2h HOUR CTIFFE CHEMINES MARTA LANCEA Μ. 10/20/87 7:44 DM 3: SEX 4. RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY IF UNDER TYEAR DAYS HOUR5 9 BALTIMORE CITY OR COUNTY OF DEATH LETATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED UMAN WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY GIVE RESIDENCE BEFORE ADMISSION 1136 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS PALTO I FATHER'S NAME MIDDLE LAST ADDRESS THE WAS DECEASED EVER IN U.S. ARMED FORCE 17 INFORMAN NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IN CAUSE OF DEATH IEnter only one couse per line for IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION THE DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO T YES T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY City DE 10 WH COUNTY STATE I AT HOME STREET FACTORY, OFFICE, FARM, ETC. STREET NOT WHILE 22a.1 certify that (I) (this hospital) gittended the sow the deceased alive on and that in (my) (our) opinion death occurred on the date and have and from the causes stated 77h SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME ITYPE 236 DA 23¢ NAME OF CEMETERY OR CREMATORY N. REMOVAL CITY OR TOWN BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

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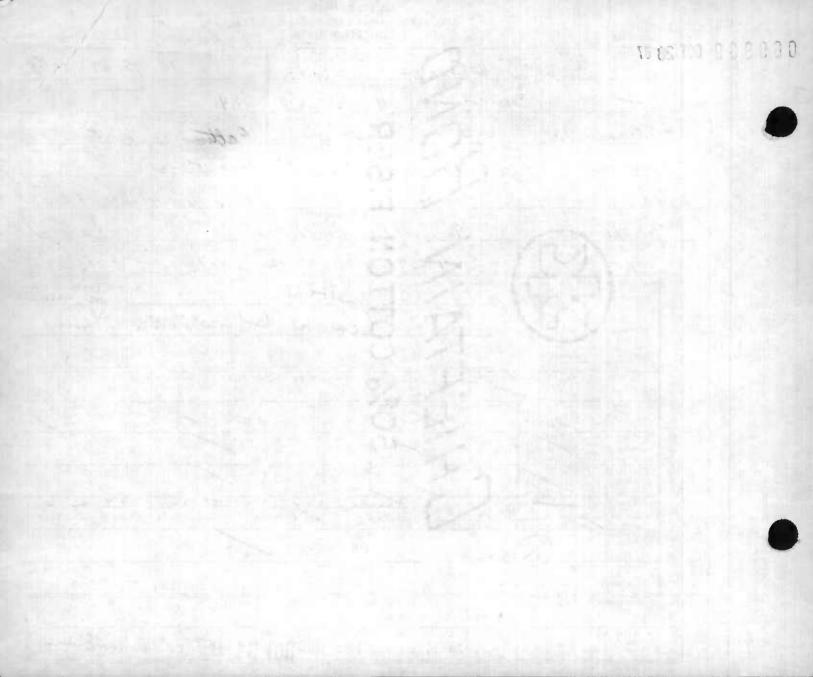
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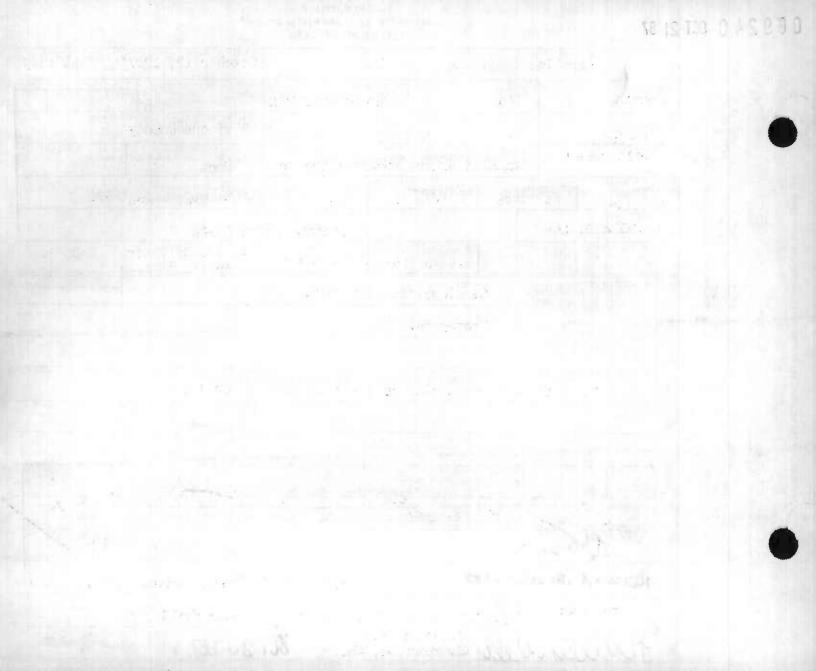


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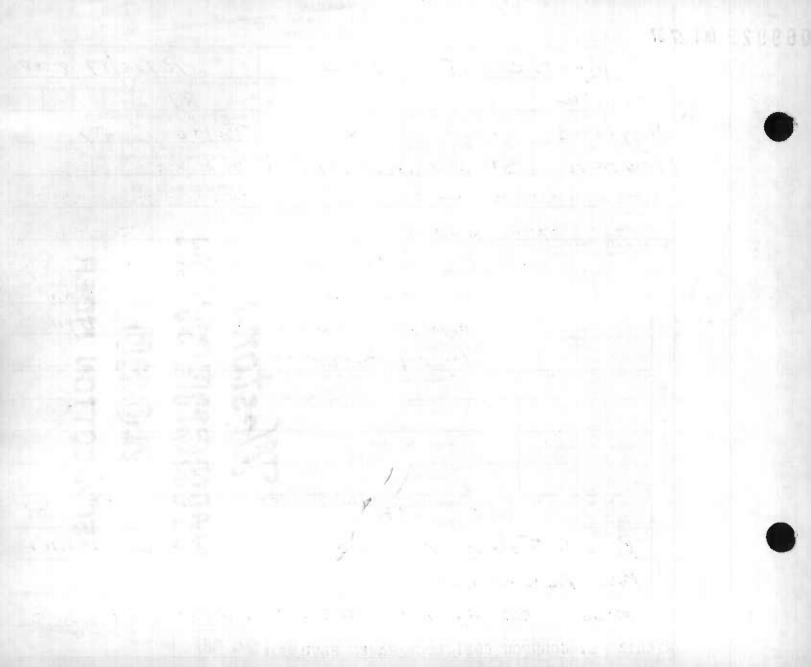
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DHMH - 16 60M 7/84 (VRA 15, 4)



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	0	d be Sh	TATA T		226 PHYSICIAN'S NAME ITYP		200	100	22e ADDRESS		
	O HOS	TO FUNERAL should be det with the State	NA PO		Kobert Fra	ek HA	YICH.				
	To	E 42 3	≤1	230 E	URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	BP		_		BURIAL	фст.	28, 87 E	PROSP		METERY BALTIMO	DRE CO. MD
	DHMH	1 - 16 60M	7/84	24 FI	INERAL DIRECTOR		ADDRESS		250 DAT	E REC'D. BY REGISTRAR 756, REGIS	LAK FRED KINDS
	(	VRA 15, 4)		WI.	LLIAM E. JOH	INSON 8	521 LOCH	I RAV	EN BLVD GGT	26 1987	



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CQQ	7   001  6	87	STATE per me	d exam		PEPARTMENT OF DICAL EXAMIN			-	(por 198	0	3 3	
000	, , 00, 10		REGISTRAR CEASED NAME	FIRST	MEL	MIDDLE	IEK 3	LAST		VEO: 110			la usus
	2000	(TY	PE OR PRINT)	MARC		D.OUGLAS	TE	CCANC		DATE KNOWN XI OF ESTI- DEATH MATED		DAY YEAR	26 HOUR
	PEE SEE	3 SE.	( 4 RAC		5 DATE OF BIRTH	6 AGE (IN YE		SSANS NDER I YR. TIF UND		DATE DEATH MATER	10	1019 37	2d HOUR
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E. S FOR YOUR FILES. DO WITHIN 72 HOURS WAS PRESTON STREET,	MA		TE	SEPT. 21,		MONT		MIN. PR	ONOUNCED DEAD	10	10 19 87	2: 4 AM
	LESS OR A	FC	RTHPLACE (STATE OR DREIGN COUNTRY)	,	76 CITIZEN OF WH		8 MARR	IED X NEVER MA	RRIED - 9	BALTIMORE CITY OF	COUNTY	Y OF DEATH	1000
	ANT WAR	-	MARYLAND	N. T.		S.A.			RCED 🗆	Baltimore	Cou	nty	MD
10	PAGE PAGE		ROSEDALE DE ROSEXXIXXE		Franklin	PITAL, NURSING HOMI ILITY, GIVE STREET ADDRESS) Square Hos	ag.	HER INSTITUTION	FOR MOS	OCCUPATION (TYPE OF WORKING LIFE)  F EMPLOYED		OR INDUSTR	ΥY
21201	FANY DEL	13e. S	AL RESIDENCE (IF IN AL TATE ARYLAND	BALT	Y	RESIDENCE BEFORE ADMISSI 130. CITY OR TOWN BALTIMORE		13d. INSIDE CITY LIMITS		ADDRESS 75 BYRON R	D. 2	1208	
MO.		14.F	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MA		MIDDLE			
DRE,	DEATH GES 1.		SEYMOUR			LESSANS		MADI	ELINE	MIDDLE		COOPER	
BALTIMORE		16c. \ (Y	VAS DECEASED EVER	IN U.S. ARM		166. SOCIAL SECURIT		17. INFORMANT		ADDRESS		-/	
BAL	S AFTER GIVE PA ITH FOI PAGES		NO			213-66-96	38	MYRA LES	SSANS 4	775 BYRON	RD. 2	21208	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	ECUTED WITHIN 24 HOU ALL EXAMINED ACCOST OF URBAY TO HATE PREMIT NO. OF REMOME.		Conditions, if a gove rise to couse (o) stating lying couse lost.	IMMEDIATI  ony, which immediate the under-	E CAUSE (o) F 1 C  DUE TO, OR A  (b) DUE TO, OR A	ppy Mitral Va AS A CONSEQUENCE OF	OF OF					APPROXIMATE <u>8ETWEEN ONSET</u>	INTERVAL AND DEATH
RECORD	SHOULD BE ENDING FENDING FENDI	CERTIFICATION	190. DATE OF OPERA			IT NOT RELATED TO THE TERM			PART 1 (o).				
TAL	SHOUL ORD "F CHIEF E USED T OF HI	FIC			178. CONDITI	OIN FOR WHICH OPER	ATION W	AS PERFORMED?				20 AUTOPSY?	
NON OF VI	G THE WOOLD BE ARTMENT OR TO BE	MEDICAL CERT	210 EXTERNAL CAUSE	OR CAUSE OF D	EATH P.M.	MONTH DAY YEAR			RED (ENTER NATU	IRE OF INJURY IN ITEM 18 PA	RT 1 OR PART	YES 🔀	но 🗌
DIVIS	RR: THIS CER ATE, WRITIN ORWARDED R: PAGE 3 S IE STATE DEP ID, 21201 PR	MED	21d INJURY OCCUR WHILE NOT AT WORK AT W		STREET, FACTO	FINJURY (AT HOME, RY, FARM, ETC.)		CATION	CI	TY OR TOWN	COUN	117	STATE
•	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FOREY TO FUNERAL DIRECTOR; PAFTER DEATH, WITH THE SINGRE, MARYLAND, 3		ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)	Wario Mario	F. Golle	, Jr., M.D		Homicide TITLE (SPECIFY) Assistar ADDRESS 111	Undeterm  The MEDICA  Penn St	LEXAMINER  ., Balto.	DATE SIGNED	10 11	-87
		23a.Bl	PECIFY) BURIAL		0/12/87	23c. NAME OF CEA			23d. LOCA	OWN	COUNTY	· A SI	
07/84 25M	BP8/C	24 FL	INERAL DIRECTORS	OL LEV	INSON & B	ROS. INC.	KIENL	OSHIP CEM,		IMORE 25% REGIST	RAR'S SIG	er Mu	
	DHMH - 17 (VR A15 ME (5))	60	TO REISTE	RSTOWN	RD. BALT	IMORE, MARY	LAND	21215	CLID	AR 256 FEGISI		ZIGIONE	

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69416 0012	FOR 1 - STATE 2 A7 REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7 2 8 1 3 0
poge 3	I DECEASED NAME FIRST	CARROLL ROLAND 164TH SER	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 22 PM
oge 4 TH	3 SEX Male	white state of BIRTH WAT / YEAR OF ON / YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR OF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. Po	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? 8  WARRIED   NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	BALTIMORE CITY OR COUNTY OF DEATH  BALTO . COUNTY MD.  1120 USUAL OCCUPATION 1120 KIND OF BUSINESS OR
hours offer hours offer be filed with	10 CITY OR TOWN OF DEATH TOWSON USUAL RESIDENCE IF NURSING HOME OF	ST JOSEPH HOSP.	The USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE) NOUSIRY Retired Police Sgt.—Beth. Steel
LAND 21 ho	13a. STATE 13b. COU	NTY   134. CITY OR TOWN   134. INSIDE CITY LIMITS?  Cockeysville   YES   NO   X	10315 J Malcolm Circle 21030
MARYLAND ed within 24 mpletely filler end 2 should tudraker mus	Emil FIRST	Lighthiser Wilamena	
BALTIMORE, the execut the condition and co	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (16 YES, G WW	BUE MAR ON DATES	ADDRESS ghthiser - same as #13e
DS, 201 W. PRESTON ST., advices that the already signed by the already her please much polytopic control, or auther trainments ever jury, or ather ever jury, or at	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS ODISEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	ilul  MINAL DISEASE OR CONDITION GIVEN IN PART 110
AL RECORDS, The low required to the signification or the permit. Then the prior to be now sony injury.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO NO
DIVISION OF VITAL TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physician TO FUNERAL DIRECTOR, after this certificate is should be detached for use as the burial-tronsit is with the State Dept. of Health and Mental Hygier IMPORTANT: If Item 21 is marked or Item J& should	OR CONTRIBUTING CAUSE OF DI  LIFEITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE AT WORK AT NOTIFY IN HOSE  220.1 certify that M. (##/s hose	P.M. 19  21e PLACE OF INJURY (AT HOME SIRREL FACTORY, OFFICE, FARM, ELC.)  21f LOCATION SIRRET  21f LOCATION SIRRET  19  10 ond that in (30f) (our) opinion DEGREE  ATTENDING	CITY OR TOWN COUNTY STATE  CITY OR TOWN COUNTY STATE  To
BP	230 BURIAL, CREMATION, REMOVA  SPECIFY)  Burial	236 DATE 236 NAME OF CEMETERY OR CREMATORY Moreland	Parkville, Balto., Md.
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR		TE REC'D. BY REGISTRATIZE REGISTRAT'S SIGNATURE

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(VRA 15, 4)

minus is a start of

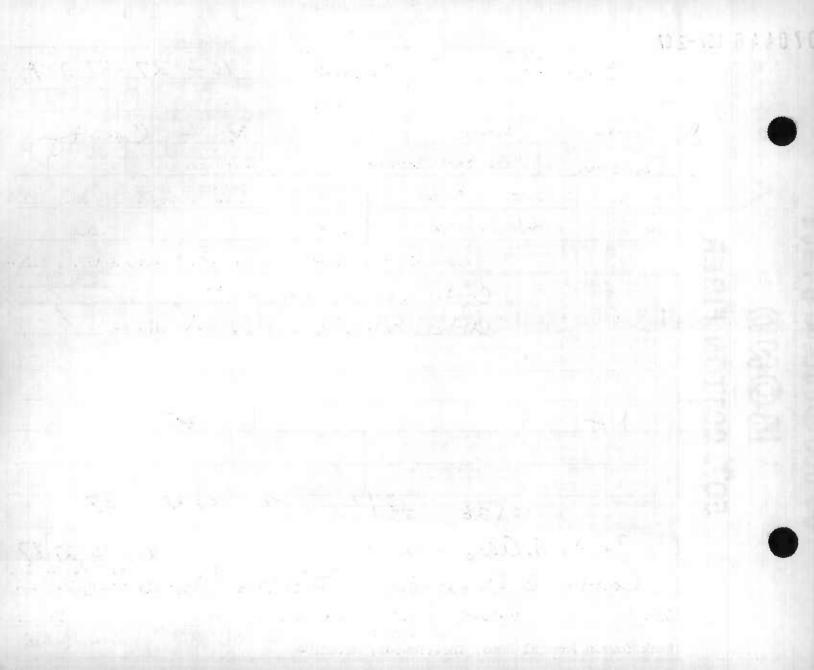
in whose

CT 07 1987

262 OCT 21	TOTAL STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG.	& 8   3 d
262 OCT 21	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF JETTH (TYPE OF PRINT)	DAY YEAR 26 HOUR
by be	BERDIE VIOLA LOCKARD	/// / / / / / / / / / / / / / / / / /
frer p	3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST)	BIRTHOAY) IF UNDER YEAR IF UNDER 24 HRS
9 B C	Female White September 13,1894 93	YRS.
4 30 2/	COUNTRY) ANADDIED   NEVER MARRIED	OR COUNTY OF DEATH
deoth.	WIDOWEDAN DIVORCED	nore County
of the state of th	Towson  11. Name of Hospital, Nursing Home or other institution  Meridian Nursing Center-Multi Med (Type of work for most fractical)  Practical	TION OF WORKING LIFE) Nurse Nurse Nurse Nurse Nedical
n 24 hou	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AOMISSION) 136 STATE 136 COUNTY 136 STREET ADDRESS Maryland 136 STREET ADDRESS	S Dale Dr. 21093
ted within	Franklin Summers Lottie Keller	LAST
xecu nd and and dica	(YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)	RESS
S. Po	No 213-34-3835 Doris C. Miller	Same
100	18. CAUSE OF DEATH Enter only one couse per land on and compared to the part I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 16 5 1	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which	
that the could by the could be come out.	gove rise to immediate cause (a), stating the underlying cause last     DUETO, OR AS A CONSEQUENCE OF (c)   (c)	
en signer. Then strinjunger	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 110
The low reion.  The low te hos be sist permit giene prices shows any	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO  210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF IN)	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
HYSICIAN: The	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	URY IN ITEM 18 PART 1 OR PART 2)
offending offer this as the bull hand Mirked or	21d. INJURY OCCURRED  WHILE NOT WHILE ALWORK ALWORK  21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET CITY OR:	OWN COUNTY STATE
ATTENDIP	saw the deceased alive an 2000 of the body after death.  2001 certify that (I) (this hospitatin attended the deceased from 10 (1987), 1987, to 140 and the deceased alive an 2000 of the body after death.  2001 certify that (I) (this hospitatin attended the deceased from 10 (1987), and that in (my) tourn apinion death accurred an the above, (I) (we) (did) (did not view the bady after death.	that (I) (we) last date and have and from the causes stated
by the hoo by the bedetoched Stote Depth ANI: If Item	PHYSICIAN PHYSIC	AFF ICIAN   222. DATE SONED
TO HOSPITAL TO FUNERAL Should be det with the Store	22d. PHYSICIAN'S NAME (14PE OR PRINT)  Charles F. O'Donnell, M.D.  7501 York Rd. Towson	, Md. 21204
	236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION	COUNTY STATE
BP	Burial Oct. 17,1987 Parkwood Parkvill	e. Balto. Co Md
DHMH - 16 60M 7/84 (VRA 15, 4)	Mitchell-Wiedefeld Home, Inc. Balto., Md.21212	RISH REGIST TAR SIGNA LIBE

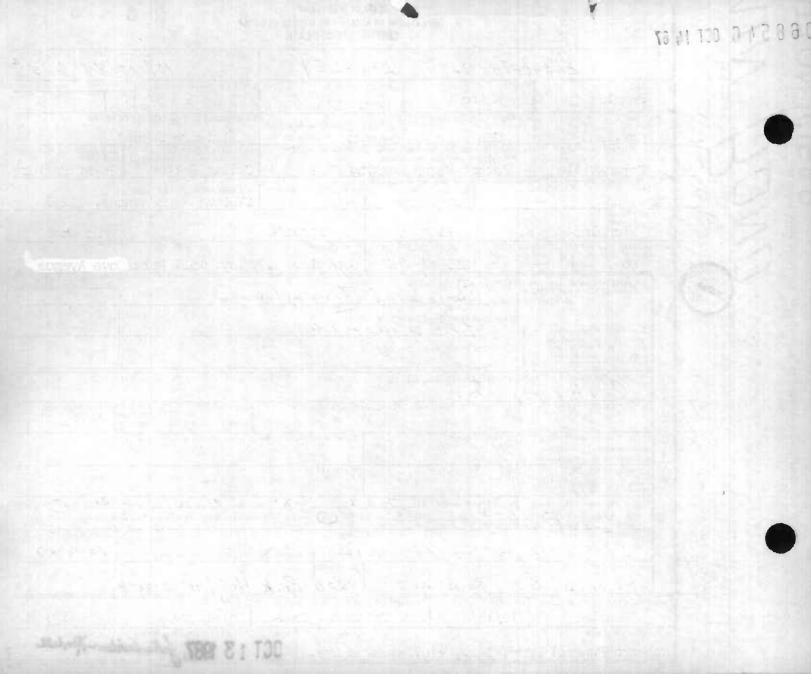
STATE OF MARYLAND

146 NOV -2	FOR 1 - STATE 7 REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYGI FICATE OF DEATH	ENE PREG. NO	28159	
m =	1. DECEASED NAME	FIRST SAMUEL MIDE	A.	LOEB	20 DATE OF DEATH MONT	H DAY YEAR 26 HOUR	?
noy be poge 3 r death	Dav	ruel		soeb	10-0	(1-81 a.15	71m
ctor. p	Male ·	4. RACE White	MONI	of BIRTH  H DAY  18, 1895		MONTHS DAYS HOURS	MIN.
Pog	Pennsylvania	U.S.A	MAPPI	ED NEVER MARRIED D	Baltimore city or co	Caunty of DEATH	MD.
by the desired	TOUSON	Stella 1	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS! MARTIS HOSPIC	OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WOR Carpenter	RKING LIFE! INDUSTRY	SS OR
2 = 2 E	Maryland	ng home or other institution giv 13b County Baltimore	CRITY OR TOWN TOWSON	YES NO K		y Valley Rd., 2	2120
ed within	Adam	Franklin	Loeb	15. MOTHER'S MAIDEN NAM	MIDDLE	Kanta	
n ond co	160 WAS DECEASED EVER NO		b. SOCIAL SECURITY NO. 203-07-5989	Henry S. G	urski -5615 K	enwood Ave., 2	
ow requires that the death ce been signed by the attendin rms. Then please remove corb prior to buriol, cremation, or i cany injury, or other troumotic.	PART 2 OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND	g the last. (c)	S A CONSEQUENCE OF TRIBUTING TO DEATH BU ON FOR WHICH OPERATION	T NOT RELATED TO THE TERMI	20a AUTOPSY? 20b	ON GIVEN IN PART 110  I IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH	) )
N. The long system. The long system is to the long state with the long state with the long system is the lon	NA NA			Tax Have been a second	YES NO	YES NO	
YSICIAN: T ding physici is certificate buriol-transi Mentol Hygi	OD CONTRIBUTION C	AUSE OF DEATH HOUR A.M.	MONTH DAY YEAR		ED (ENTER NATURE OF INJURY IN I	IEM 18 PART I ORPART 2]	
or ottending After this e os the bu	4 (IF EITHER NOTIFY MEDIC  216 INJURY OCCURR  WHILE AT WORK  AT WORK	CAT HOME STREET	INJURY FACTORY OFFICE, FARM ETC }	21f LOCATION STREET	CITY OR TOWN	COUNTY STA	TATE
TTEN pitol TOR: for us of He	sow the decease	(this hospital) attended the order alive an alive and alive the body alive the body alive.	1987	and that in (my) (aur) apinion o	eath accurred on the date a	nd haur and from the couses stat	
TTAL OR A by the ho: RAL DIREC detoched note Dept.	226 SIGNATURE  226 PHYSICIAN'S NA	a S. alex	ander	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7 7 7 7 7	87
TO HOSPITAL retoined by th TO FUNERAL should be deti	Carl	a 5 (2)	exander	27e ADDRESS	1a Wat	Dulaney Valley	
BP	Burial, CREMATION,	23b DATE 10-30-8		cemetery or crematory	23d LOCATION CITY OR TOWN Host		TATE
	24 FUNERAL DIRECTOR		1050 York 1	Rd. 250 0747		REGISTRASSIGNATURE	nna.
DHMH - 16 60M 7/84 (VRA 15, 4)	Ruck Towson	Funeral Home,	Inc., Towson	, Md.21204	100 1987	julia purdern-Kende	me,





8546 OCT 14	87	FOR STATE REGISTRAR		DE	PARTMENT OF	TE OF MARYL HEALTH AND I FICATE OF E	MENTAL HYG		3 ) 6 4
noy be poge 3	1. DE	CEASED NAME F	12AbETH	F.	20	NGLE	У	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 6:15
rector, po	3. SE	Female		hite	5. DATE		90	6. AGE (IN YEARS LAST BIRTHDAY)  96 YRS.	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. Pe		IRTHPLACE (STATE OR FORE COUNTRY)  Maryland	/ 0	OF WHAT COU	MARR		VORCED [	Baltimore Count	
by the fi	1	Catonsville	e FC	OF HOSPITAL, N IN SUCH FACILITY, GIVE rest Hav	estreet address)  Ven Nurs	ing Home		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI COllar Setter	12b. KIND OF BUSINESS OR INDUSTRY Shirt Factor
filled in found be	13 <sub>0.</sub> Ma	ryland	HOME OR OTHER INSTIT	13c. CITY OF Balti	R TOWN '	13d INSIDE C	NO 🗌	13e STREET ADDRESS / ZIP CODE 2735 Wilkens Av	
SOC with	)	Nicholas	MIDDLE S.	Fin	ık		s maiden na/ First arbara	WE	Broeker
be execu		WAS DECEASED EVER IN 1 YES, NO OR UNKNOWN)   18 NO	J.S. ARMED FORC	ES)	l security no. 17–6797	Genev:		ADDRESS angley, 1527 Park	Grove Avenue
and an	, 3	18. CAUSE OF DEATH (E PART I. DEATH WAS IM/	inter only one cous CAUSED BY: MEDIATE CAUSE (4	( >	bral	The	on 6	005	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the attentions see remark carry, cremation, and other frauman	3 6		nich (	O, OR AS A CON	a me	onica	?		
equires the signed Then plect to buriol injury, or	NO	PART 2. OTHER SIGNIFIC	CANT CONDITION	S CONTRIBUTION	G TO DEATH BU	T NOT RELATED	TO THE TERM	inal disease or condition giv	VEN IN PART 110
The low ron. The see that bee the prior to t	CERTIFICATION	190 DATE OF OPERATION	19b Co	ONDITION FOR V	VHICH OPERATION	ON WAS PERFO	RMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
rysician: Ti ding physical s certificate buriol-transit Mentol Hygu		216. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOU	ME OF INJURY R A.M. MONTI P.M.	H DAY YEAR	21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
attending of the bull of the bull of the bull with ond Wind or the bull of the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PL	ACE OF INJURY ME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATIO STREET	DN	CITY OR TOWN	COUNTY STATE
ATTENDII aspital or ECTOR: A d for use d. af Healt m 21 is ma		220.1 certify that (I) (thi	100 mg /0 -	8	6		, 1986 (our) opinion o	, to, to, death occurred on the date and hou	
SPITAL OR I by the house detache detache store Dep		22d. PHYSICIAN'S NAME	17485 00 BBINTS	AV	~ ,	122e ADDRES		MEDICAL STAFF	120. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be det with the Store with the Store IMPORTANT:	22- 1	HAROLD	В,		MD.	7220	Park	Height zizo	8
BP	230.	BURIAL, CREMATION, REM SPECIFY) Burial		13/87		cemetery or c thedral		Baltimore	Mary land
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR NAME  bbard Funera	al Home,	Inc., 41	07 Wilk	21229 ens Ave	000	E REC'D. BY REGISTRAR 251 REGIST	



8728 Liberty Road Randallstown, Maryland 21138

(VRA 15, 4)

9836 001	27	FOR STATE LAWREN	DEPARTA CE MAHINSK	MENT OF HEALTH AND MENTAL HY $_{ m E}$ CERTIFICATE OF DEATH	GIENE REG. NO.	
0000 001		SED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
nay be page 3	(me	LAWRENCE	- /	19HIN SKE	Oct. 24, 198;	7 7 13 8 11
pog pog	1. SE		RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 of 0	T			MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
lirec Durs	7. 0	MALE RTHPLACE (STATE OR FOREIGN 7)	WHITE  LOUNTRY?	JULY 14, 1896	9 YRS	TV OF DEATH
E 80 4/2	1'0 B	COUNTRY)	B CHIZEIN OF WHAT COUNTRY	MARRIED X NEVER MARRIED	BALLIMORE CITT OR COOK	OF DEATH
1 11 1		PENNSYLVANIA	U.S.A.	WIDOWED DIVORCED	BALTIMORE COL	
1 11 0/	10 C	ITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
13 70	1	CATONSVILLE	MERIDIAN NURSIN		CIVIL ENGINEER	STATE HIGHWAY
1 11 77	USU	AL RESIDENCE (IF NURSING NOME OR O	THER INSTITUTION GIVE RESIDENCE BEFORE Y 13c. CITY OR TOW	EADMISSION) /N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COI	
13/10	-	Section in the sectio	AKE RALEIGH	YES X NO	3017 ROTHGEB	DRIVE 27609
10 11	JA E	ATHER'S NAME FIRST MI	IDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
10 1 100	1	VINCENT	MAHINSKE	KATI	HERINE	STYCRICKLE
0-0-0-		WAS DECEASED EVER IN U.S. ARM		JRITY NO. 17 INFORMANT	ADDRESS	
1		YES UNLKN	YOWN 240-58-8	482 CLAIRE KREBS	7314 Johnnycake	
system opport out, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far (a), (b), an BY: CAUSE (a) ASCVD 4	dici		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equies, 1901 r vignid By Then phose to burdhe mjury, or of	NO	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TER		IVEN IN PART Ita
Paris de la companie	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED  (IFYING CAUSES OF DEATH?  YES \( \bigcup  \text{NO} \( \bigcup \)
a physicole inchromat men 18 sh	1 H	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM IS	B PART I OR PART 2)
de de production de la constant de l	MEDIC	21d INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJURY	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
and the second		22a I certify that (I) (this haspita	al) attended the deceased fram_	9/4 19 8	7_, to 10/24	, 19. 87 , that (I) (%e) last
20 H	1	saw the deceased alive an abave, (1) (we) (did) (did not)	UCT 23 19	5.7 , and that in (my) (our) apiniar	death accurred an the date and h	aur and fram the causes stated
Total Par		22b. SIGNATURE	// deathe body differ death.	DEGREE		224. DATE SIGNED
0 0 0 0 0 0		1/1/01	11 1000	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	10/24/87
T Stopped	н	22d. PHYSICIAN'S MARAS THE OR	FRINA S COLUMN	22e ADDRESS	RECTOR PHYSICIAN	10/27/8/
oold b		DR/ JOHN	H. SHAW	5800 EDA	HONDSIN AVE	BALTO MI
1 2413	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
999		Burial	10/29/87 R	estlawn Memorial P	k. Raleigh	North Carolina
1	24 F	UNERAL DIRECTOR		25a DA	TE REC'D. BY REGISTRAR 256-REGI	
(VRA 15. 4)		Leroy & Russell	Witzke Funeral	HomeCatonsville no	T 2 6 1987 Milia	Duriston-Rendalle
1,000,100,41	116	30 Edmondson Ave	nue Baltimore	Maryland 21228 U	1 7 0 1001	

Sent Standard Laborator State State Commission Commissi

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO DESEASED NAME 2a DATE OF DEATH MONTH MALLON ANNA 0 October 11. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH Female White 1895 April YRS BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County WIDOWED 11, NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Baltimore County General Hospita "State of Md. Maryland 136 Baltimore 13e STREET ADDRESS / ZIP CODE Catons VIIIe 21228 1506 Edmondson Ave. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME John FIRST Bunk Bunk Misikofsky Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES. NOR UNKNOWN) (IF YES, GIVE WAR OR DATES) M's Cornelia Rheb 1506 Edmondson Ave. 21228 212 01 2924 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO [ 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M THE EITHER NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC.) STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from\_ , and that in (my) (aur) apinion death accurred on the date and have and fram the causes stated sow the deceased alive on. 226. SIGNATURE DEGREE 224 DATE SIGNED ATTENDING PHYSICIAN MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Oct 14, 1987 ST Johns Luthern Howard Maryland 24 FUNERAL DIRECTOR Harry H Witzke Funeral Home Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 4112 Old Columbia Pike Ellicott city Md. (VRA 15, 4)

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uted within		14 FATHER'S NAM		rkley	LAST		15. MOTHER'S MAIDEN GERTT		у	LAS	51
Poges		160 WAS DECEASE	D EVER IN U.S. AR	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SEC 214 20		17. INFORMANT  Benjamin 1	Markley Jr.	Palto.		
ow requires that the de been signed by the of rmit. Then please remov prior to buriol, crempting		gove rise couse lot, underlying  PART 2 OTH	cause last.	(c) CONDITIONS CO		DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR CO	20b. IF YES, V	WERE FINDI	NGS USED
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SPITAL OR A d by the hos NERAL DIREC be detached e State Dept.		226 SIGNAT	URE	lum			DEGREE  ATTENDING PHYSICIAN  1226 ADDRESS	G MEDICAL S	TAFF SICIAN X	10/1	SIGNED 7/27
TO FUNERAL should be deter with the State I			eth Lum,				9000 Frank	clin Square	Dr.	2123	7
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH		6.4 EG. NO.		
	DOE	SED NAME FIRST	,	MIDDLE	·	AST	2a. DATE OF DEA		DAY YEAR	2b HOUR
	PE	Alma			MART	ΓIN	October	23. 19	987	11:20pm
	3. SEX	(	4. RACE		5. DATE C		6. AGE (IN YEARS L		IF UNDER 1 YEAR	IF UNDER 24 HRS
. 01		Female	White	9	Febr		90	YRS		HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE C	ITY OR COUN	TY OF DEATH	
)		Virginia	USA		WIDOWE	DXX DIVORCED		ore Cou		MD.
	10. CT	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCI	MOST OF WORKING	126. KIND C INDUSTRY	OF BUSINESS OR
		Rossville		in Square		ital	Housewi	fe	Own H	ome
	13a S			13c. CITY OR TOW Edgemen	N	YES NOXX		ress / zip coi 7the Ave		.9
1074	14 FA	THER'S NAME John	MIDDLE	Gardne	er	15. MOTHER'S MAIDEN NAM  Cecilia		Whitle	ck Bran	.scomb
	16a W	VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRESS		
1	(1	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES!	212-74-3	962	Vincent Mart	tin 2422	Wythe A	Ave. 212	19
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O  DUE TO, O  (b)  DUE TO, O	Cardiopu RAS A CONSEQUE Coma, Mu RAS A CONSEQUE Pneumonia	Imonar Itiple NCE OF	e Cerebrovascu			and	imate interval Onset and death
	NOIL	PART 2 OTHER SIGNIFICANT								
2	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CER	YES, WERE FINDII TIFYING CAUSES YES []	
7		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	PFINJURY M. MONTH DA M.	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE O	DE HUJURY IN ITEM II	B PART 1 OR PART 2)	
	MEDICAL	21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
		22a I certify that X (this hosp saw the deceased alive or above, X (we) (did) (di	ottobe	e deceased fram_ r 23 19	0ctol 87	oer 22 19 87 and that in ( aur ) apinion o	to OCTO			that 🗶 (we) last
		22b. SIGNATURE	The state of the s	one. deom.		DEGREE		1	22c. DATE	SIGNED
		Karlans.	Tails	40		ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN (X)	10/2	23/87
		22d PHYSICIAN'S NAME (TYPE Keith Parke		August		22e ADDRESS 9000 Frank	lin Squa	re Driv	re, 2123	37
		BURIAL, CREMATION, REMOVAL	23h DATE 10-2	27-87	Sacre	emetery or crematory d Heart of Jes	23d LOCATION	Baltima	oré°Mary	land <sup>state</sup>
	24 FU			uneral Ho e. Dundal		Dundalk   25a. DATE   21222   0	CT 281		ISTRAR'S SIGNA	
								0		

DHMH - 16 60M 7/84 (VRA 15, 4)

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68	12	2.5	OCT -	B 8	FOR STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. NO.	3 1 0 7
					CEASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	pe e	page 3		(TYPI	OR PRINT)	RENCE E	^	LARTIN	10 / 5	187 BORM
M	may	od a		3 SE	7 2	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
L	4	ctor		37	ale	White	MONTH 3	75 06	87 YRS	
	Pag	0 0	9	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	JNTRY? 8	D NEVER MARRIED	B BALTIMORE CITY OF COUN	
	death.	200	2		COUNTRY) Marvland	IISA	WIDOWE			more Co MD.
	op 1	4 4	2		ITY OR TOWN OF DEATH	III. NAME OF HOSPITAL	NURSING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
5	afte	by th	5	Ra	ndallstown	Baltimore	County	Gen'l	Ret.	Strej INDOSTRI
MARYLAND 2120	Jours	De the	27	-05U	AL RESIDENCE (IF NURSING HOME STATE	OR OTHER INSTITUTION GIVE RESIDEN	ICE BEFORE ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DE 21784
2	24	filled pyld t	ずり	136.	Md. Car		ersburg	YES NOT	5718 Strawb	ridge Terr.
YLA	rthin	2 sh	10/	J4 F	ATHER'S NAME		AST	15 MOTHER'S MAIDEN N	MIDDLE	LAST
MAR	3	mple ond	100	1/	Luther		t.in	Sarah	Δ	Rauhlitz.
	ecute	0 -	000		WAS DECEASED EVER IN U.S. A		AL SECURITY NO.	17. INFORMANT	ADDRESS	
BALTIMORE,	e e	Pages	P	1	YES, NO OR UNKNOWN) (IF YES, C		14-0016	Mrs. Vi	rginia J. Web	er . Hanover . Pa
ALT	te b	hysicia papers.	THE STREET	F	18 CAUSE OF DEATH (Enter of	anly ane cause per line far (a)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	thec	Or C	event,		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a) Can o	ho pulm	may Fall	ware	
N N	Cer	ding				DUE TO, OR AS A CO	NSEQUENCE OF	d		
STC	deoth	otte c	traumatic		Canditians, if any, which	( (b)		A Donald		
W. PRESTON ST.	he	the c	er tr		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF			
	thot	by	r ather		underlying cause lost	(c)				
DIVISION OF VITAL RECORDS, 201	S .	en plo	7, ar	-	PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUT	NG TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	GIVEN IN PART 11a
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ECO	× 0	s be	No F	ΔĀ	196 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	INCER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
AL B	The Ton	e ha	8	T E					YES NO	YES NO
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	OR	DIRECT oched f	If Item		22b. SIGNATURE	12 -1		DEGREE ATTENDING	MEDICAL STAFF	10 /5 /87
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	OSP!	FUNERAL	RTAI		224 PHYSICIAN'S NAME (TYPE	0	1/16	220. ADDRESS	4 Houll	Lon
	O HC	TO FUNERAL E	MPORTANT:		EDMUNI			1200	· John	
	T	_ ×	> 7 .	230	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATOR	Y 23d LOCATION CHY OR TOWN	COUNTY STATE
	В	P	_		Burial	10-8-87	Grace	Cemetery	Upperco	Balto Md.
	DHM	H - 16 60	M 7/84	24 F	UNERAL DIRECTOR		ADDRESS	25a D	ATE REC'D. BY REGISTRAR 256 REC	
		(VRA 15,	4)		Eline Funera	l Home, Ham	ipstead.	Md.	U 8 1987 Juli	a Divideon Roadalles.

068	287 OCT 13	37	FOR STATE REGISTRAR	DEPART	MENT OF HEALT	MARYLAND 'H AND MENTAL HYGI TE OF DEATH	REG. NO	2817	U
	oy be deoth	1. DE (TYPE	CEASED NAME FIRST	WIDDLE	MAR	Tio	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR A.
6	offer p	3. SE	X	4. RACE	5. DATE OF BIR	TH YEAR 31 1920	6. AGE (IN YEARS LAST BIRT		
0	deoth. Poge uneral direct	~	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED .	BALTIMORE CITY O	R COUNTY OF DEATH	-V MD
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AND 2120	filled in bhouls hould be fill	130	ARYLAND BALT	TOTHER INSTITUTION, GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  THORE PARKY	N 13d. 1	INSIDE CITY LIMITS?	13. STREET ADDRESS		4861
MARYLAND	ompletely in the state of the s		WILLIAM	H- HOG	30	NOTHER'S MAIDEN NAM	MIDDLE		ST
ALTIMORE	be executed on ond comp rs. Poges 1 of		VAS DECEASED EVER IN U.S. AR (15 NO ORUNKNOWN) (16 YES, GIV	MED FORCES? 166. SOCIAL SECU (E WAR OR DATES) 215 14 7	17. II 17. II	FAMILY	RECORDS		
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CORDS,	been sign mit. Then prior to bu	ATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH			200 AUTOPSY?	206. IF YES, WERE FIND!	NGS USED
VITAL RE	The Identition.	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		21c	HOW INJURY OCCURRI	YES NO	YES THE PART LORPART 2)	NO
Ö	HYSKCIA nding pl his certif buriol-1 I Mentol or frem	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED	P.M.	19 211	LOCATION			
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	R ATTI hospit IRECTC hed for ept. of tem 21		sow the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATUR	t) view the body ofter death.	, and tha	EE		ate and hour and from the	
	ERAL ERAL Stote		224. PHYSICIAN'S NAME (TYPE O	PRPRINTS	.» 22e.	ATTENDING PHYSICIAN ADDRESS	MEDICAL STAF	IANO OC	L. P. 1484
	TO HOSE retoined TO FUN should by with the IMPORTA		OR. ESLIAR URIAL, CREMATION, REMOVAL	E PARRA  23b. DATE  23c. N	AME OF CEMET	122 HAR	FORD RO	OAC	
	BP	B	URIAL	10-8-987 G	ARRISO	n FOREST	GARRIS	On RALTE	STATE .
	DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FL	NERAL DIRECTOR NAME VANS CHAP	SIOF MEMORI		REPORD 250 DATE OCT	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNAT	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO DECEASED NAME 20 DATE KNOWN TO MONTH WORRELL (TYPE OR PRINT) ESTI-Hollis DEATH MATED Duncan 18 19 87 Mason 4 RACE A AGE UN YEARS IF UNDER TYR IF LINDER 24 HRS 2d HOUR 2c DATE PRONOUNCED 4:30P Female White Dec. 6,1957 DEAD 18 19 87 10 TO BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED USA Maryland Baltimore County DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Baltimore Secretary 509 Regester Avenue Law USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore NO XX 509 Regester Ave. Maryland Baltimore 21212 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Everett Miriam Paul Mason V. M. Mann 17. INFORMANT 166 SOCIAL SECURITY NO TII Cross Keys Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 219-70-9669 Miriam V.M. Mason Baltimore, Md. 21210 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound to chest (Handgun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE CHIE TOR: PAGE 3 SHOULD BE USE I THE STATE DEPARTMENT OF AND, 21201 PRIOR TO BURIA YES TO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR MANONTH DAY YEAR UNDERLYING TOR 1819 87 P.M. 10 self inflicted CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC 1 CITY OR TOWN WHILE AT WORK 509 Regester Ave home Baltimore, MD PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STA BALLIMORE, MARYLAND, 2 Autopsy X 220 I certify that I took charge of the remains described above, held Inquiry X Homicide Undetermined monner death resulted from TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 10/19/87 SIGNATURE Mario F. Golle, Jr, M.D. 111 Penn St. Balto.MD. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 236. NAME OF CEMETERY OR CREMATORY Baltimore City, Maryland Oct. 20,1987 Cremation Greenmount 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIG 6500 York Rd. DHMH - 17 Mitchell-Wiedefdl Home, Inc. Balto., Md.21212 (VR A15 ME (5))

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0676	97 00	T	FOR STATE 6 FEGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	
	en €		DECEASED NAME FIRST		LAST	10 - 2 - 87	DAY YEAR 26 HOUR
ay b	page r dept		I SEX	I RACE	ASTROCOLA  IS DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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d to	72 hode	5	O. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	16. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE	COUNTY - MD.
101/	in the fee	7	B. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF	RSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING (II	126. KIND OF BUSINESS OR
201	200	1	BALTO,	12 PARHAM	CIRCLE	TIMEKEEPER	
AND 213	filled in outd be	5	USUAL RESIDENCE (IF NURSING HO)	ME OR OTHER INSTITUTION GIVE RESIDENCE BE OUNTY 131. CITY OR T	OWN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	IRCLE 21237
MARYLJ ed within		0	JOSEPH A	A, MIDDLE LAST	15. MOTHER'S MAIDEN I	ARIE G. ROBE	LAST
BALTIMORE,	Pages 1	1	68 WAS DECEASED EVER IN U.S.		ECURITY NO. V. INFORMANT	T. Mastrocol-1	21237
S, 201 W. PRESTON ST.,	signed by the attending ten please remove carbo s bunal, cremation, ar re ury, ar ather traumatic		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE		RMINAL DISEASE OR CONDITION GIV	/EN (N PART 110
A RECORDS,	as been spermit. The prior to	7	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
OF VITA	certificate h rial-transit p ental Hygies fem 18 shar	7	OR CONTRIBUTING CAUSE C	DE DEATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}
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ATTEND	0 0 - 1 -		saw the deceased aliv abave, (1) (we) (did) (d	re an1 and not i view the bady after death	9, and that in (my) (aur) apini	an death accurred on the date and had	ir and from the causes stated
AI OR A	AL DIRECTO letoched for ste Dept. of T. If Nem 2		22b. SIGNATURE	MIAN	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	10 12/57
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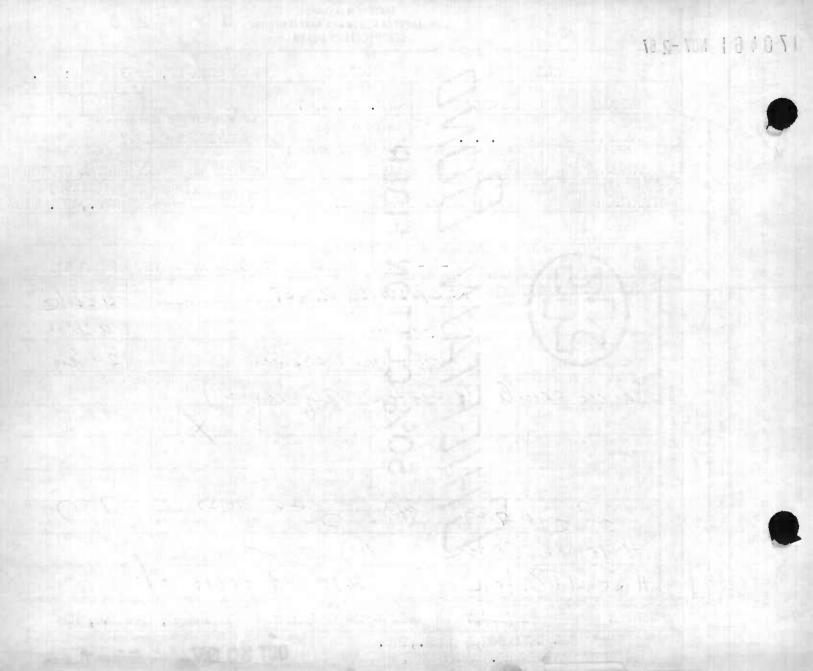
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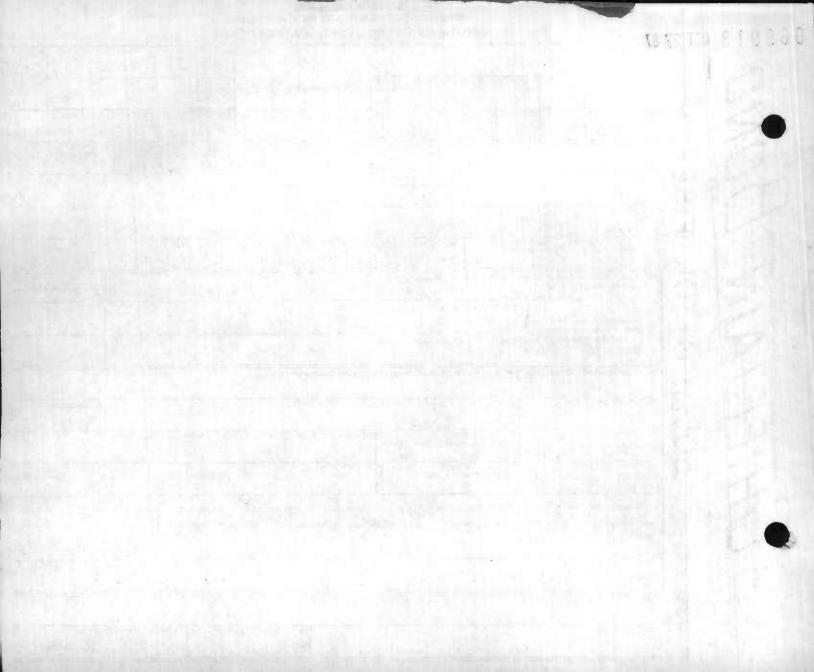
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e ω €		PE OR PRINT)					IN DAIL OF BEATT.	10 00		
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	M	innesota	USA	A	WIDOWE		BALTIMORE	COL	INTY	
thing the	10.	CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12h KIND	OF BUSINESS
4 4 P	7	TOWSON	6701 N	CHARLES	ADDRESS) (-	ET M.C.	Homemak			Home
o un p	Us	JAL RESIDENCE (IF NURSING HOM		GIVE RESIDENCE BEFORE	ADMISSION)					
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Day ow	1	William	J.	Frank		Bertha			umann	L
Poges	160	WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN)	GIVE WAR OR DATES	166 SOCIAL SECU		17 INFORMANT	ADDR			
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the person of		IS CAUSE OF DEATH (Ente	r only one couse per l	line for (a), (b), an	dicil		14111		BETWEEN	XIMATE INTERVAL
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been been mit. I prior in	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, IN CERTIFY	WERE FIND	INGS USED
The lo							YES NO	YES		NO 🗌
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R ATT hospit RECTC hed fo ept of tem 2 i		22b SIGNAPLIEF	Logs view the body o	oftef death.		DEGREE				E SIGNED.
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HOSPI Hospi		22d PHYSICIAN'S NAME IN	INFORMATION			22e ADDRESS		-		
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5 5 5 ₹ ₹ ₹ T	230	BURIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREMATORY	23d LOCATION		-	
BP		Cremation	10/7	187 6	roon	Mount	Balto.		MD	STATE
	24	FUNEDAL DIRECTOR				00 0.7	E REC'D. BY REGISTRAR	256 REGISTR		ATURA
DHMH - 16 60M 7/84		NAME	H.W. Jen	Kinsodr&	Sons	Co. 00	CT 8 1987	Julia	Deugens	N. Kindael
(VRA 15, 4)										

MARKET BUTTON THE STATE OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN B7 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME George Andrew MAYR, Jr.s. 20 DATE OF DEATH 7b HOUR LIYPE OR PRINTS io 53 GEORGE & AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR 3 SEX IF LINDER 24 HRS August 22, 1919 Male White 68 TO BIRTHPLACE ISTATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED XXNEVER MARRIED Maryland Baltimore County. DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h. KIND OF BUSINESS OF IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Towson Saint Joseph Ibspital Food Stores Salesperson USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 118 Sipple Avenue 13g STATE 136 INSIDE CITY LIMITS? Baltimore Maryland Linover 21236 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST George Andrew Mayr, SR. Anna M. Muller 17 INFORMANT Bartimore, Maryland ARMED FORCES? 16b SOCIAL SECURITY NO YES, NO OR UNKNOWN 212-12-9359 Anna M. Mayr 118 Sipple Avenue 21236 APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for to), (b) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES NO T 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION orkedor CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC ) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive an. that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 276 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MPORTANT: 22e ADDRESS th the 23c NAME OF CEMETERY OF CREMATORY 23e BURIAL, CREMATION, REMOVAL (SPECIFY) Baltimore Co., STATE Oct 6,1987 | Gardens of Faith Cem Burial 24 FUNERAL DIRECTOR Dippel Funeral Home, Inc. DHMH - 16 60M 7/B4 7110 Belair Road Baltimore, MD (VRA 15, 4)

070461 N		FOR - STATE REGISTRAR	D	EPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HYO RTIFICATE OF DEATH	GIENE 8 /	2 8	170
. m#		ECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MO	TH DAY YEAR	2b. HOUR
4 and		HEL			MAYTIN	OCTOBER 27	, 1987	6:30P.M
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1 1 8	130	JAL RESIDENCE HE NURSING MOMEO STATE 1136 COU	NTY 13c. CITY	NCE BEFORE ADMIS OR TOWN LTIMORE	13d. INSIDE CITY LIMITS? YESXXX NO	136 STREET ADDRESS / ZIII 6318 GREENS		21209) ,APT. T10:
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by the case remol, cremo		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A DO	NSEQUENCE	Mer + Depp	ei	24	ky
NG PHYSICIAN: The law requires that the death certificate attending physician.  The law requires that the death certificate is of the other ding physician that the certification is been signed by the other ding physician that the latter than please remove corbon papers that the latter prior to buriol, cremation, or removal.	CERTIFICATION	PARTS OTHER SIGNIFICANT	mile des	nent		enei)		
he low on.	THIC	196 DATE OF OPERATION	196 CONDITION FOR	WHICH OPER	ATION WAS PERFORMED		LIF YES, WERE FIND CERTIFYING CAUSE YES [	
JAN: T	100	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216 TIME OF INJURY HOUR A.M. MON	TH DAY Y	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
ding ding	MEDICAL	116 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	,	211 LOCATION			
Offen of the contract of the c	g W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY			CITY OR TOWN	COUNTY	STATE
ZIQ7	-	220 I certify that This hosp			7 1986		19.57	, that (I) (we) lost
ATTE	19		10-29-87 Diview the body after deaf	h. 19 8/	, and that in (my) our) opinion	death accurred on the date of	and hour and from the	e couses stated
AL DRE		22h. SIGNATURE H. Gerve &	1 Oster		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		E SIGNED
O HOSPII Storned by Commercial by Commercial by		H. Gerald	Oster		3635 Old	! Court 1	ed-	
BP		BURIAL, CREMATION, REMOVAL	23b. DATE 10/29/87		JACOB CEMETERY		, CARROLL,	
DHMH - 16 60M 7/84 (VRA 15, 4)	1 24 F	UNERAL DIRECTOR SOL  6010 REISTERST	LEVINSON & BI	ROS.,IN	C. 250 DAT ARYLAND 21215 <b>0</b> 0	T 3 0 1987	REGISTRAR'S SIGNA	TURE





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D 1 32 34	100	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED D		e County of DEATH	, MD.
1 11 5	1/4	NUSON ME	JE MOT IN SUCH FACHE	AL, NURSING HOME ( ), GIVE STREET ADDRESS)  OSEPP	HUSPITA!	120 USUAL OCCUPATI	ON 12b. KIND IF WORKING LIFE) INDUSTRY	OF BUSINESS OR Y eat
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1 112	20	ATHER'S NAME	WIDDLE	IAST McComas	15. MOTHER'S MAIDEN NA FIRST Franci	WIDDIE	L	ton t
ond see	72	WAS DECEASED EVER IN U.	S. ARMED FORCES? 16b SC ES GIVE WAR OR DATES)	DCIAL SECURITY NO.	Mrs. Dorothe	ADDRE	SS	
certificate o ing physician thon-papers. r remayal sc event, the		18 CAUSE OF DEATH (Ent	tei anly ane cause per line fai AUSED BY- EDIATE CAUSE (a)	rial, (b), and ice	ilme		APPRO BETWEE	DXMATE INTERVAL N ONSET AND DEATH
at the deoth against all cremations as it other trauman		Canditions, if any, whice gave rise to immediate cause (a), stating the underlying cause last	the (b)	CONSEQUENCE OF	- Sysin	gony li		
been a digities.  Perior to buse to bu	CERTIFICATION	PART 2 OTHER SIGNIFICATION	ANT CONDITIONS CONTRIB	OR WHICH OPERATION		200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	DINGS USED
The The Young	CERTIF	210 ACCIDENT WAS UNDERLYIN			21c HOW INJURY OCCUR	YES NO	YES	NO 🗆
5 PHYSICIAN thending phy r this certific the burielite and Mental 1	MEDICAL	OR CONTRIBUTING CAUSE  (IF EITHER, NOTIFY MEDICAL EXA  THE INJURY OCCURRED  WHILE MORE MEDICALEXA	21e PLACE OF INJ	19	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
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O HOSPIT TO FUNER should be desirt the Str.		NATIVIDAD	P	EON	6/0 ST. 10.	SEPH HOS	MD: 217	TOWSON,
BP	E	BURIAL, CREMATION, REMO (SPECIFY) Burial	10-9-87		emetery or crematory	23d LOCATION CITY OF TOWN Baltimor	e, Maryland	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		Leonard J. Ru	ck, Inc. Bal	timore, Ma	ryland	U8 1987 TRA	250 REGISTRAR'S SICAL	TAT

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	3. SEX			4 RACE			E OF BIRTH		6. AGE IN YEARS LA	ST BIRTHDAY)		ER 1 YEAR	_	R 24 HRS
		Female		White		î î	12DAY	1895	92	YRS	MONTH	DAYS	HOURS	MIN.
7	7a. BIR	THPLACE (STATE OF F	FOREIGN	76. CITIZEN OF	WHAT COUN	ITRY? 8	RIED   NEVER	MAPPIED	9 BALTIMORE CIT	Y OR COUN	TY OF D	EATH		
		w Jersey		U.S.A.				NORCED	Baltim	ore Co	unty			MD.
1	10 CIT	Y OR TOWN OF DEA	ATH			URSING HOM	E OR OTHER IN	NOITUTION	12a USUAL OCCU		121	. KIND C	F BUSIN	ESS OR
		Lmonium		5 Stre	amrun	Court	21093		Homema	ker	2 [16]		me	
-	USUA 13a S	L RESIDENCE HENURS	13b. COUN		GIVE RESIDENCE			CITY LIMITS?	13e STREET ADDRE	SS / 7IP CC	)DE			
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N	14. FA	THER'S NAME		MIDDLE	LAS	1		S MAIDEN NA	ME	1 F		145		
ì		William			Hech	t	E	ertha	Moo		Z	ehnd	er	
П		AS DECEASED EVER		MED FORCES?		SECURITY NO				DDRESS				
		No			072-1	4-6792	Mr. W	. Dougl	as McLean	. S	ame	as 1	3e	
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7	CERTIFICATION	190 DATE OF OPERAT	TION	19b. COND	TION FOR W	HICH OPERAT	ION WAS PERF	ORMED	20a. AUTOPSY?	20b. IF	YES, WER	E FINDIN	NGS USE	D
	IFIC								YES NO	S IN CER	TIFYING YES	CAUSES	OF DEA	
7	ER	21a ACCIDENT WAS UND	DERLYING T	216. TIME O	F INJURY		21c. HOW 1	NJURY OCCURR	RED (ENTER NATURE OF	IN IHRY IN ITEM I		R PAR1 21	140 [	
					M. MONTH		R		The ferrient mone of			.,		
	MEDICAL		2 OTHER SIGNIFICANT C		M. OF INJURY	11	211. LOCAT	1401						
	ME	WHILE NOT WH				EFICE, EARM, ETC.)			CITY	ORTOWN	C	YINUC		STATE
		AT WORK AT WOR	RK —					~~		-		0		
		220.1 certify that (1)		1/	deceased for				0 , to	Jul	. 19	31	that (I)	(we) lost
		sow the decease above, (1) (we) (d	ed olive on did) (did no	t wiew the body	after death.	19 47	and that m (m)	( (our) opinion	death occurred on t	ne date and h	our and	from the	couses s	ated
		224 SIGNATURE	11	- 1	10		DEGREE			11600	2	20 DATE	SIGNED	4
,		Jan	5/10	Henry	-el			PHYSICIAN F	MEDICAL DIRECTOR PH	STAFF YSICIAN		101	16/8	7
		274 PHYRICIAN'S NA	AME ITHEO	e paints	-		22e ADDRE							
		James Ou	inlan	A M.D			7801	York R	d. 2120	4				
	23a Bt	JRIAL, CREMATION,			7	23c NAME OF	CEMETERY OR		23d LOCATION					
	15	Cremation		10/16	/87		iew Ceme		Balto.	N	Bal	to.		Md.
	_	NERAL DIRECTOR		1			21204		E REC'D. BY REGIST	RARIZSH REG	ISTRAR'S	SIGNAT	LIRE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Ruck Towson Funeral Home, Inc.

24 FUNERAL DIRECTOR

1050 York Rd.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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(VRA 15. 4)

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003	010	110			FIRST		MIDDLE	l	AST		20. DATE OF DEA		DAY YEAR	2b. HOUR
4	o e o		(TYPE	OR PRINT)	Edna	Lill	lian	Me	eister			Oct.	16 1987	
3	bod a		3. SE X			RACE		5. DATE C			6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
4	rector urs off	1				White		Sep		1894	93	YRS		HOURS MIN.
0	2 10 2	21	7a BIF	RTHPLACE (STATE OF F	OREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER M	ARRIED -	9 BALTIMORE C	ITY OR COUN	TY OF DEATH	
	1			Maryland		USA		WIDOWE	DEX DIV	ORCED _		ore Cou	unty	MD.
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T. BAL	+Fcat*	physics mospe	d i		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one couse per SED BY: IATE CAUSE (o)	line for (a), (b), CAR	NO-PL	LMONAR	YA	RRES.T	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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270. I certify that (i) this hospital are deceased from 1987, and that in my laur) opinion death occurred on the date and hour and from the causes stated above (ii) who (did did not) view the body after death.  270. I certify that (ii) this hospital are deceased from 1987, and that in my laur) opinion death occurred on the date and hour and from the causes stated above (ii) who (did did not) view the body after death.  271. DATE SIGNED  272. DATE SIGNED  272. DATE SIGNED  272. DATE SIGNED  273. PHYSICIAN DIRECTOR PHYSICI	VISI		¥	AT WORK AT WOR		11			SINEC		Circ	4		STATE	
DEGREE  226. DATE SIGNED  226.	۵	ar African		220 I certify that	this hasp	al) attended	he deceased f	rom		19.85	10 Codas	ur 4	19.87	_, that (1)(we)	lost
DEGREE  1226. SIGNATURE  1226. DATE SIGNED  10-4-87  1226 PHYSICIAN'S NAME (TYPE OR PRINT)  1226 ADDRESS WISS WILLIAMS AND LOCATION  1236 BURIAL, CREMATION, REMOVAL 1236 DATE  1236 DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE		Pitol Pitol For v of H		saw the decease	d of e on	WI Was the body	v after death	1987	ind that in my	(our) opinion	death occurred on th	e date and h	out and from t	he causes stated	1
PHYSICIAN DIRECTOR PHYSICIAN 1 10-4-87    10-4-87     10-4-87		hos hos hed hed ept	-	22b. SIGNATURE		/							22c. DA	TE SIGNED	
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DHMH - 16 60M 7/84 NAME ADDRESS 21220 OT 0 6 4007			24 FL	INERAL DIRECTOR		20//									
(VRA 15.4) Hubbard Funeral Home, Inc. 4107 Wilkens Ave. OCT 06 1987 June Dividen Randous	C		Н	ubbard Fund	eral	Home, T	nc. 41	07 Wilke	21229 ens Ave	00	T 06 1987	, wie	Dividen	· Randale	

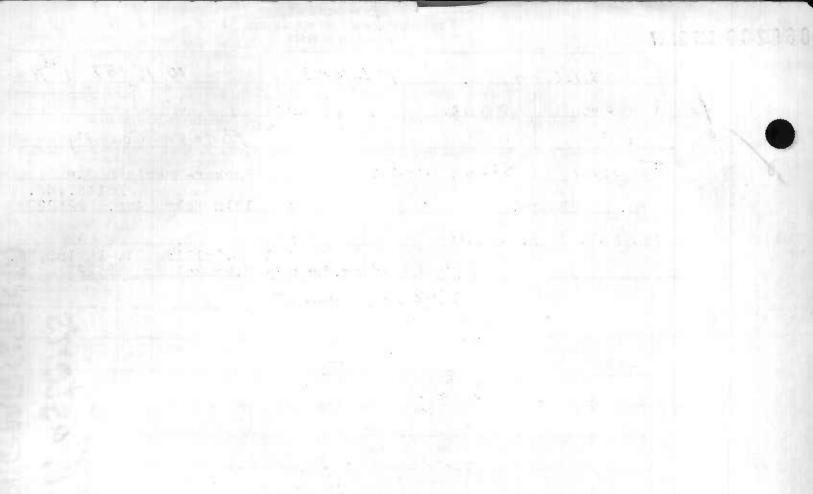


Table 2 and 1 many 12 and 12 many

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3337 2017		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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C 0	3. SE	x	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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s after d	10.0	Andallstown	11. NAME OF HOSPITAL, NURS (B) OF IN SUCH FACILITY, GIVE SYN BALTI MORE	ING HOME OR OTHER INSTITUTION ET ADDRESS)  AUDIL HOSPITAL	12g USUAL OCCUPATION (TYPEO) WORK FOR MOST OF WORKIN	GLIFE) 126 KIND OF BUSINESS OR INDUSTRY
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mpletely and 2 shows	13 F	ATHER'S NAME	Deshington M	- Donald Less Maiden NA	AME AMIDDLE	Kennon
Pages T			MED FORCES 166. SOCIAL SEC E WAR OR DATE 2338	9800 FAIRHAUEN,	Inc. Sykesvil	
be requires that the dec been signed by the atter min. Then please remove prior to burrol, cremation	CERTIFICATION	gove rise to immediate couse (0), stofing the underlying couse lost.  PART 2 OTHER SIGNIFICANT (		DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED
See Be	1 H				YES NO NO	RTIFYING CAUSES OF DEATH? YES NO
AN. Phys		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
ond the head	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
0 0 E S			ital) attended the deceased from	, 19	, to	, 19, that (l) (we) los
R ATTEN hospital hospital RECTOR. red for us ppt. of He iem 21 is		sow the deceased alive on above, (1) (we) (did) (did no	19 ot) view the body ofter death	and that in (my) (our) opinion	death occurred on the date and	hour and from the couses stated
OR OR		226. SIGNATURE Comum	P. Harris		MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT: II	1	EDMUN	D. P. TRAKZUK	Bolt. Cty.	GENERAL HOS	e.tal
₽₽ ₽₹ \$ <b>₹</b>	L	BURIAL, CREMATION, REMOVAL (1597) (FY)		NAME OF CEMETERY OF CREMATORY	Charleston Charleston	DO STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	Hany W. Ha	right Supress	ingle md. Oth	TE 200 B 1987 TRAR STUDE	IS AAR S STEMANURE

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69244 OCT 2	TO DECEASED NAME CATHERINE ROSE!* O 'HEARNE 'MEREDITH TO DATE OF DEAL ITTER ON THE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8 1 8 6	
y be oge 3 death	(TYPE	rath	INE ROSE O'HEARNE MEREDITH	3 87 11:25 PM
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or of or		Arkansas	USA   MARRIED   MARRIED   Baltimore C	ounty MD.
by the filled with	C	atonsville	Spring Grove Hospital Cen. Type of work for most of working the Homemaker	
AND 21:	130 5	MD P.	Georges Silver Hills No 8 3622 Old Silve	20746 er Hill Rd
MARYLAND 2 Hone 24 ho should be exoniner mast	1	FIRST	seph O'Hearne Norma	Ford
BALTIMORE, core be error by sucon end and papers. Pages val	. P	(IF YES, GIV		22827 Street
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he lo on.	RTIFICAT		YES NO YES	WERE FINDINGS USED YING CAUSES OF DEATH?
N OF VIT		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR 1) P.M. 19	RT 1 OR PART 2)
	MEC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET CITY OR TOWN	COUNTY STATE
A H S S S S S S S S S S S S S S S S S S		sow the deceased alive or above, (1) (we) (did) (did no	n, and that in (my) (our) opinion death accurred on the date and hour of) view the body after death.	
		226. SIGNATURE	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	10 - 13-87
TO HOSPITAL TO FUNERAL should be detail with the State I		22d. PHYSICIAN'S NAME ITYPE OF	UGN Stern   Spring Grove Hospital (	enter
ВР	1	Burial Burial	10-17-87 Elk Run Cemetery Elkton, Rock	county STATE VA
DHMH-16 20M (VRA 15, 4) 7/78			labb F.H. Catonsville, MD   250. DATE REC'L. BY REGISTRAR 256. REGISTRAR   1256. REGISTRAR   256. REGISTRAR	a Devideon Rondale

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEC.	NO	

8	FOR STATE REGISTRAR			DEP				10.00	).		Air .
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3.	SEX		4 RACE		5. DATE C	FBIRTH	6. A			IF UNDER 1 YEAR	IF UNDER 24 HRS
L	MALE	1	WHITE		DECEN	IBER °25,19	904	82		MONTHS DAYS	HOURS MIN.
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	DECASED NAME  REGISTRAR  CERTIFICATE OF DEATH  REG. NO.  Me yer  10 / 29 / 87  NALE  4 RACE  5 DATE OF BRITH  BETTIFICATE OF BRITH  BALTIMORE COUNTY  WES DECASED FOR REGISTRATE OF OWNER OF CONTROL BRITTHINGS  BETTIFICATE OF BRITH  BETTIFICATE OF BRITH  BETTIFICATE OF BRITH  BETTIFICATE OF BRITH  BALTIMORE COUNTY  BALTIMORE COUNTY  BALTIMORE COUNTY  BALTIMORE  CATONSVILLE  BETTIFICATE OF BRITH  BALTIMORE  BALTIMORE  BALTIMORE  CATONSVILLE  BETTIFICATE  BALTIMORE  BAL			EL INDUSTRY							
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	gave rise to in cause (a), stat	nmediate ting the	(b)_	_	Mena	1 G	Jerte Car	de Mose	a_l	2	las
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			1 11- 1	6.3	200		opinion deal	to 10 - o	ote and hou	19_27.	that (I) (we) last couses stated
l	226 SIGNATURE	111	Men		_	ATTEN	NDING A	AEDICAL STAF		22c. DATE	. SIGNED
1	274 PHYSICIANS	HAMPIIE	Wei	55		220 ADDRESS	Haar	uard 5 (	She.	_ 21	1225
		N, REMOVAL	10/31	/87			MATORY			COUNTY MA	ARYLAND
1	EROYALMIRECEORI 630 EDMONDS	RUSSELI SON AV	L C. WIT	ZKE E	UNERAL HOLLE, MD.	OMES P.A. 21228	25 OCT	BY REGISTRAR			

DHMH - 16 60M 7/B4 (VRA 15, 4)

8658 OCT	51	OR TATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENP 7	2 8	9
		CEASED NAME FIRST		MIDDLE	LA	51	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
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may be page 3	3. SE		4. RACE		5. DATE O		6. AGE (IN YEARS LAST BI		TYEAR IF UNDER 24 HRS
ge 4 ector urs aft	F	emale	Cauc	casian	MONTH T111	ne 6. 1919	68	YRS	DAYS HOURS MIN.
nerol directory	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)		OF WHAT COUNTRY	2 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH
offer d	9 C	ITY OR TOWN OF DEATH	11. NAME O	SUCH FACILITY, GIVE STREE	NG HOME OF	ROTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE) INDI	CIND OF BUSINESS OR
Dours Suppose	USU	altimore AL RESIDENCE IF NURSING	ME OR OTHER INSTITUTIO	nklin Squ	RE ADMISSIONI	HOSDITAL	Waitress		Cafe
outed within 24 h	M	iaryland ATHER'S NAME	MIDDLE	Baltime		134 INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS 4923 Sch		, 21206
b ond	V.T	ames Gerber		(A3)		Helen Alı			LASI
6 70 6	16a. \	WAS DECEASED EVER IN U.S			URITY NO.	17 INFORMANT	ADDR	ESS	abo
be exector ond		YES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)		-7629	-A Ralph H	. Miller.	husband	
requires that the death ce in signed by the attending. Then please remove carb ir to burial, cremation, or injury, or ather traumatic.	NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse loss  PART 2 OTHER SIGNIFICATION Acute Ren	h (b), e de due to, ic)		<b>a</b> JENCE OF	NOT RELATED TO THE TER	minal disease or con	DITION GIVEN IN P	ART IIo
The low read.	CERTIFICATION	19a DATE OF OPERATION		NDITION FOR WHICH	H OPERATION		200 AUTOPSY? YES □ NO 🛣	YES	AUSES OF DEATH?
S PHYSICIAN: The Introduce physician. Set this certificate has the burial-transit pe and Mental Hygiene and Mental Hygiene and arter 18 shows	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O	DE DEATH HOUR	OF INJURY A.M. MONTH D P.M.	DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART LORP	ART 2)
	MED	21d INJURY OCCURRED  WHILE NOT WHILE CAT WORK	] (AT HOME	STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO	1.0 07	NTY STATE
Spirol CTOR for us of He		220.1 certify that (this sow the deceased all above, all live) (did) to	hospital) attended re on October	the deceased from 19	37	d that in ( ( our) apinion	, 18	ate and hour and tre	, that 🧗 (we) lost om the causes stated
TAL OR A y the ho KAL DIRE DEFOCHED FE DEPT FE		220. SIGNATURE	went	Allu	ien !	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN M	10/10/87
O HOSPIT		Howard Gold				9000 Frankl	in Square D	rive 2123	7
T o L a s Z	23a	BURIAL, CREMATION, REMO	VAL 236. DATE	230	NAME OF CE	METERY OR CREMATORY	23d LOCATION	COUNT	y STATE
BP	В	urial	10/	/14/87	Garde	ens of Fai	th Balt	o Md	
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR		3331			TE REC'D. BY REGISTRAN	256 REGISTRAR'S S	GNATURE Randas
(VRA 15, 4)	S	CHIMUNEK FL	NERAL H				UC   1 4 198	Outra D	Contract to Commercial

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3 1 5 5 OCT -	9.8	FOR  STATE  REGISTRAR			EALTH AND MENTAL H	REG. NO	
110	i. DE	CEASED NAME FIRST	MIDDLE	4	AST - O	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
\$ 7.5 A	Time	ROSE ROSE	_	MI	LLER	10	0587 711PM
1 11/0	3. SE	×	4 RACE	5 DATE C		& AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
10 00 V		EMALE		ITE	1 947 99	87 YR	
4 70 /	1	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COU	
8 34 50	-	ORTH CAROLINA	11. NAME OF HOSPIT	AL NURSING HOME		Daltimole USUAL OCCUPATION	126 KIND OF BUSINESS OR
1 19 1	R	undulistown	SIF NOT IN SUCH FACILITY	UP COUNT	general los	ITYPE OF WORK FOR MOST OF WORKIN	
24 hours	USU 13a	STATE 134 CQU	ROTHER INSTITUTION GIVE REST	DENCE BEFORE ADMISSION	134 INSIDE OTY LIMITS?	STREET ADDRESS ZIP CO	Illeghts 212
1 1351	14. F.	ATHER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
1 120x		MORRIS	MILLER	CIAL SECURITY NO.	DÖRA	D MEDICAL CHARACTER	FINE
The spin			VE WAR OR DATES)	CIAL SECURITY NO.	3201 OLD PC	R.MERVIN SMPRITZ ST DR. BALTO., A	
1	-	NO		<del>-44-</del> 9320	3201 OLD PC	SI DR. DALIO./	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
physic nod went, t		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line for ED BY TE CAUSE (o)	Pulmon-	Elema		NOW DEATH
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1 2 2 1	1	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A	CONSEQUENCE OF			
P P P	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTINGJO DEATH BUT	NOT RELATED TO THE TEL	RMINAL PISEASE OR CONDITION	GIVEN IN PART 110
1 1 1 1	100	190 DATE OF OPERATION	1110	OR WHICH OPERATION	Hypothy	200 AUTOPSY?   206. IF	YES, WERE FINDINGS USED
9 4 6 4 6	IFICAT	DATE OF OPERATION	THE CONDITION F	OR WHICH OPERATIO	WAS PERRORMED	IN CE	RTIFYING CAUSES OF DEATH?
A Thought Thought	1 2	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	
Cub a ph	3	OR CONTRIBUTING CAUSE OF DE		ONTH DAY YEAR			
Mary A	EDIC	21d INJURY OCCURRED	21e PLACE OF INJU		211 LOCATION	CITY OR TOWN	COUNTY STATE
96 34 3	2	NOT WHILE	(AT HOME STREET PACT	ORY, OFFICE PARM, ETC		Λ	~ ^ ^ -
0 4 1 0 E		220.1 certify that (II) Ithis hosp		300 110111	1 12 19	87,10 10	, that     (we) los
A de la company	-	sow the decored alive or above (I) well find did no		eath .		on death accurred on the date and	
AL OR The Ju AL ORE Setoches Setoches Tr. If Nee		III. SIGNATURE	A Copy	IN QL	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/5/8 7
O FUNERA O F		TO H COT	OR PRINTS	MIN	8620 Lil	est Plaza Mas	PanJulston 1 21
21 6213	230	BURIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF C	EMETERY OR CREMATOR	CITY OR TIDULE	COUNTYSTATE
BP	_	BURIAL	OCT.7,1987			∨ BALTIMORE	MARYLAND
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Martin D. Lawson

(VRA 15, 4)

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067698 OCT-	-6 87	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	8 1 9 5
tDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  equires that the death certificate be executed within 24 haurs after death. Page 4 may be signed by the attending physician and completely filled in by the funeral director, page 3 Then please remove carbanpapers. Pages 1 and Ashavid be filed within 72 hours after death to burial, cremation, or removal.	3. SE 10. S	CEASED NAME FRST MIDDLE LAST 20. DATE OF DEATH MONTH ( EORPRINT)  MARIE M. MUNDT  X. 1. RACE S. DATE OF BIRTH  6. AGE (IN YEARS LAST BIRTHDAY)	MD.  12b. KIND OF BUSINESS OR INDUSTRY  HOME
	5 13a / 14 F	STATE 136. COUNTY 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 7822/2 High PO ATHER'S NAME  Peter MCE/roy E/2064h  WAS DECEASED EVER IN U.S. ARMED FORCES? (166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES)  213-05-4147 Marie Ellerth 7822/2 High PO ATHER Ellerth 1822/2 High PO ATHER Ellerth 1	Repp Dint Rd, 21234
	NOIL	PART I. DEATH (Enter only one couse per line for (a), (b), and (cl.)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV.  Senile dimentia—aphasia	
DIVISION OF VITAL RECOL ENDING PHYSICIAN. The low re pl or ottending physicion. R: After this certificate has been use as the burial-transit permit. Health and Mental Hygiene prior is marked or them 18 shows any is	MEDICAL CERTIFICATION	216. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY OR CONTRIBUTING   CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR IF EITHER NOTIFY MEDICAL EXAMINER)   216. TIME OF INJURY OF INJURY OF INJURY OF INJURY IN ITEM 18 P. P.M. 19   216. TIME OF INJURY OF I	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO NO NO NOTE OF DEATH?  COUNTY STATE
TO HOSPITAL OR ATTENDING retained by the haspital or off TO FUNERAL DIRECTOR, After should be detoched for use as it with the Stote Dept. of Health a	7	sow the deceased alive on 9/14 19 87, and that in (my) (our) opinion death occurred on the date and hou obove, (I) (we) (did) (did not) view the body after death.  27b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OF PRINT)  27d PHYSICIAN'S NAME (TYPE OF PRINT)  DONALD O. WOOD, M.D.  2 Greenmeadow Dr., Timonium	rond from the couses stated  22c. DATESIGNED  1 0 2 8 7
BP DHMH - 16 50M 1/81 (VRA 15, 4)		BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OF CREMATORY 236 LOCATION CITYOTTOWN CITYOTTOWN CITYOTTOWN BURIAL DIRECTOR  UNERAL DIRECTOR  HART IN MILLER 7527 HAY FOOD REGISTRAT 256 REGIST AR 256 REGI	alto Md.

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 70737 NOV -IL EV- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH 2b. HOUR 1 DECEASED NAME MIDDLE (TYPE OR PRINT) Thomas 10 87 Murnhy 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE 3 SEX MONTH YEAR 1909 White Feb. 10 78 Male In RIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Connecticut WIDOWED DIVORCED T Baltimore County 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Ret. Director of Balto, City Towson Greater Baltimore Medical Center Civil Serv. Comm. SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY Baltimore 13d INSIDE CITY LIMITS? 200 Stanmore Rd., 21212 Maryland YES X NO [ FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Helfyar William Murphy Mary Theresa James ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT BALTIMORE, LYES. NO OR UNKNOWN LIF YES GIVE WAR OR DATES! Norberta M. Fath, 1 Broester Ct., 21131 040-18-9564 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiac Arrythmia DUE TO, OR AS A CONSEQUENCE OF (b) Pneumonia Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost End-Stage Liver Disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ Hygie 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION -0 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) arked NOT WHILE October 22a I certify that (I) (this haspital) attended the deceased from sow the deceased olive on October 30 87 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be deta PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS IMPORT/ Allan E. Frankle.M.D. G.B.M.C 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION REMOVAL Dulaney Valley Mem. Gardens Timonium Balto. (SPECIFY) Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Martin D. Lawson, 10 W. Padonia Rd.

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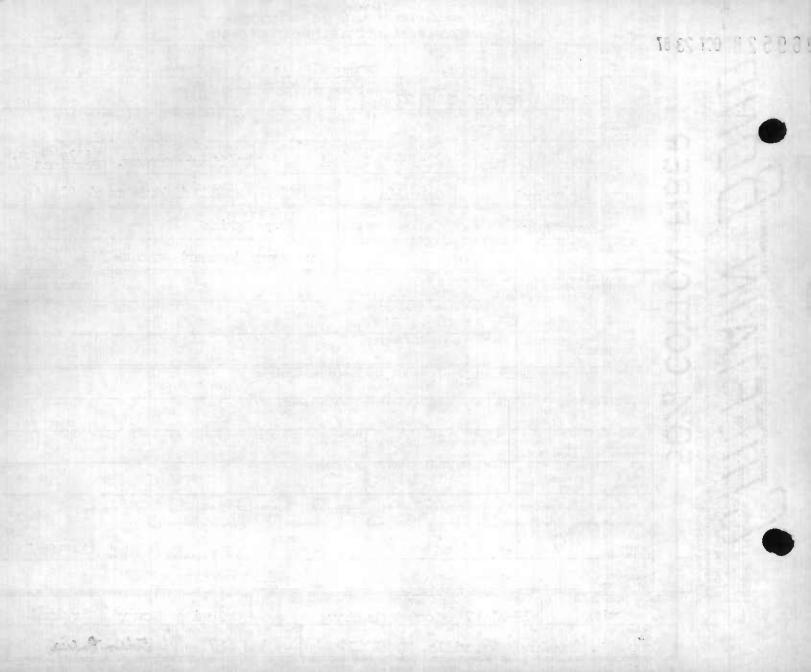
O Carello act		FOR STATE		DEPART	STATE OF MARYLAN MENT OF HEALTH AND ME	NTAL HYGIENE	7 2	3 1 9	1
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sy be oge 3 death	1 (1)	EUG.	ENE	K	MYERS		10-	5-87	4-IM
Poor er d	3 SE		RACE		5. DATE OF BIRTH		(IN YEARS LAST BIRTHDAY)	IF UNDER YEAR	IF UNDER 24 HRS
ors off		Male	Cauc	2	5 30	25	62 YRS	MONTHS DAYS	HOURS MIN.
ol de		RTHPLACE (STATE OR FOREIGN 7	L CITIZEN OF WH	AT COUNTRY?	MARRIED NEVER MA	RRIED 9 BAL	TIMORE CITY OR COUN		
5/5	1	TY OR TOWN OF DEATH	L NAME OF HO	SDITAL AULIDSIA	WIDOWED DIVO	DRCED 120 HE	Baltimor VALOCCUPATION		MD.
the ed will	R	anda listoun		ACILITY, GIVE STREET			F WORK FOR MOST OF WORKING	G LIFET INDUSTRY	- ROZINEZZ OK
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Pland Stale	130	W 1/	rroll 1	Vestmi	nstein YES   1	10 2 5.	24 More	1 1/ 5	choothou
15/1/	15.6	THER'S NAME	NODIE /	UAST	15. MOTHER'S A	MAIDEN NAME	MIODLE	I LAST	Ro
00	4	/AS DECEASED EVER IN U.S. ARM	110	SOCIALISECT	RITY NO. 17 INFORMAN	essie	ADDRESS	Hive	ly
0 0 0		ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	112-11	-C112 - ++	-D Ma		2115	/
1)	1-	no	- 11	65-24	1000 Alberin	E D. My	ERS 130	2/15	AAYE INIYEBWAI
2		18 CAUSE OF DEATH lEnter only PART I. DEATH WAS CAUSED	BY:	e far (a), (b), an	OF THE	ESOPH	46us	BETWEEN	MATE INTERVAL PINSET AND DEATH
9		IMMEDIATE				Y			
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motr r tro		gave rise to immediate couse (o), stating the	(6)	1			-		
othe		underlying cause last.	DUE TO, OR A	S A CONSEOU	NCE OF				
uriol y, or		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CON	TRIBUTING TO	DEATH BUT NOT RELATED TO	O THE TERMINAL DI	SEASE OR CONDITION	GIVEN IN PART 110	
Ther to t	ON	- 600 Mag							
permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATION WAS PERFORM	MED 200	AUTOPSY? 20b. IF	YES, WERE FINDIN	GS USED
en en	E	DESCRIPTION OF THE PERSON OF T				YES		YES [	NO [
ental Hygie	7 5	210 ACCIDENT WAS UNDERLYING	216 TIME OF I		AY YEAR 216 HOW INJU	JRY OCCURRED (EN	TER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
of &	N N	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	11	MOINIT D	19				
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nort			al) attanded the a	Incorporal from	9-14	10 87	10-5	1087	1
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DIRECTOR DO DE PT		22b. SIGNATURE	1		DEGREE	TENDING MED	7.1. CAL	22c DATE S	SIGNED
← 0		U gri	my		PH	TENDING MED	ICAL STAFF STOR PHYSICIAN	10-	5 87
old be det		226 PHYSICIAN'S NAME ITYPE OR	-		220 ADDRESS				-2
should be de with the Stot		ORIANDO.	B. Cor	レオルチャ	My BCE	SH RAM	BALLSTOWN	I hid.	又1133
- 5 3 ≥1	23a.	JURIAL, CREMATION, REMOVAL	23b. DATE	230 1	NAME OF CEMETERY OR CR	EMATORY 23d	LOCATION		
	1	SURIAL	10-8.8	7 8	ERGREEN ME	morin   F	inkshura C	ARROLL	7472
16 60M 7/B4	24 F	INERALDIRECTOR DIA	111 1	2 % Dr	. 12	250 DATER CD	BY REGISTRAN 256 REG	ISTRAR'S SIGNAH	DE Jaco
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69528 OCT 23	C7 REGISTRA	R	MED	ICAL EXAMINER'S	CERTIFICATE OF D	EATH REG. NO.				
09320 00123	(TYPE OR PRINT)	AME FIRST		MIDDLE	LAST	24 DATE KNOWN X MONTH	DAY YEAR 26 HOUR			
SAS SEE SEE		PET	ER	C. MYER	S	DEATH MATED 10-1	5-879 M			
<b>あり</b> かろに	3. SEX	4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTHDAY) MONT	NDER 1 YR. IF UNDER 24 HI	RS. 2c DATE MONTH PRONOUNCED	DAY YEAR 24 HOUR			
DURE DURE ON 5	Male	Black	Jan. 16,		HS DAYS HOURS MIN	DEAD	5-879 6:03a			
A STATEST	76 BIRTHPLACE	(STATE OR	76 CITIZEN OF WH	AT COUNTRY? 8 MARR	IED NEVER MARRIED	A BALTIMORE CITY OR COUNT				
A SANGE		yland	USA	WIDOV		Baltimore Count	V MD			
SHOP S	CITY OR TO	WN OF DEATH		PITAL, NURSING HOME, OR OTH		USUAL OCCUPATION (TYPE OF WORK	126 KIND OF BUSINESS			
30822	Randa	llstown	Baltimo	ore County Gene	ral Hospital	elivery Superv.	Villau Higts. Services			
E CONTROL	SUAL RESIDEN	ICE (IEIN N		ERESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? 13e	STREET ADDRESS -				
はる種類の	MI			Columbia	YES NO DE	8042 Guilford Road	21044			
G Frank B	FATHER'S N.	AME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA		LAST			
# 5555C	FIRST	Leroy My		th31	Mary As	kins	LM 31			
M # 40 0 2 7	160. WAS DECE	ASED EVER IN U.S. AF	RMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
A A A A A A A A A A A A A A A A A A A	No	(# 163, 611	, wan on oares,		Mary Myers	(mother) same as	#13			
S S S S S S S S S S S S S S S S S S S	18 CAUS	E OF DEATH (Enter o	nly ane cause per line t	ar (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
A THE SERVE	PARI	I DEATH WAS CAUSE	TE CAUSE (a) P	ulmonary thromb	oembolism					
NOT THE PROPERTY OF	7			AS A CONSEQUENCE OF						
E ENERGE B		litians, if any, which rise to immediate								
OF-18 P		e (a) stating the <u>under</u> cause last.	DUE TO, OR	AS A CONSEQUENCE OF			F-A-ST-HE			
CUTE EXA ION,			(c)							
RECORDS.  ID BE EXEC PENDING. PENDING. PENDING. CREMATIN AN		EB SIGNIFICANT CONDITION	CONTRIBUTING TO GEATH B	UT NOT BELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1 6					
A AS.	19a DATE	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?								
AL REPLEE	S 19a DATE	OF OPERATION	196 CONDITI	ON FOR WHICH OPERATION W	/AS PERFORMED?		20 AUTOPSY?			
TIN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	- FY75	RNAL CAUSE WAS					YES X NO			
A THE THE TOTAL			216 TIME OF HOUR A.M.	MONTH DAY YEAR	OW INJURY OCCURRED (EN	NTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	RT 2)			
C SPART THE CONTRACT OF THE CO	CONTRIB	UTING CAUSE OF		19						
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." ROED TO THE CHIEF E 3 SHOULD BE USE E DEPARTMENT OF 1 OIL REIOR TO BURIAN	CONTRIB  21d. INJUI  WHILE	RY OCCURRED			CATION	CITY OR TOWN COL	UNTY STATE			
WR WR VAR	AT WOR	NOT WHILE								
ATE. ORV VD., TE SI	220 1	ertify that I took char	ge of the remains desc	ribed abave, held an Autop	sy X. Inspection	, Inquiry . and in my ap	เกเฉก			
MANN BE F CTO	death re	sulted Iram: Natu	oral causes X,	Accident . Suicide	, Hamicide . Un	ndetermined manner .				
MAR WAR	ACTUAL	110.	1 - Oh	W/ 10	TITLE (SPECIFY)					
A HA	ACTUAL SIGNATU	IRE	pade III	re freeze "	Assistant A	MEDICAL EXAMINER SIGNET	10-15-87			
NO PER S	EXAMINE	R'S NAME NO	ranrita A	Korell, M.D.	111 Pe	enn Street				
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED THE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENDER 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINES TO FUNERAL DIRECTOR, PGE 3 SHOULD BE USED AS A BURIAL TRAFFE BALTI WITH THE STATE DEPARTMENT OF HEALTH AND MENTARD BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR BE	(TYPE OR				ADDRESS					
E D C F K B		MATION, REMOVAL		23c. NAME OF CEMETERY C		LOCATION COUN				
07/84 BP	24 FUNERALD	rial	10-21-87	Locust Cemete	256. DATE REC'D	Columiba, Howard,  By REGISTRAR [256 REGISTRAR'S SI				
DHMH - 17	NAME	R Snowad	an Rocks	ille MD 20850	107 40	1987 Alia Mardon	Par Jose			



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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF DEATH	RE	G. NO.			
DECEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEA	TH MONTH	DAY	YEAR	2b HOUR
GRACE		M.	N	EUBAUER	October	15,	1987		12:45AN
3 SEX	4 RACE		5. DATE C		6 AGE (IN YEARS L	AST BIRTHDAY)	IF UN	HOER YEAR	IF UNDER 24 HRS
Female	Wh	nite	Decei	mber 25, 1896	90	) Y!	RS MONT	15 DATS	nouks Min.
To BIRTHPLACE I STATE OR FORE COUNTRY)	16 CITIZEN OF	WHAT COUNTRY?	8 *** A A B B I E I	D NEVER MARRIED	9 BALTIMORE C				
Maryland	/ U.S	5.A.	WIDOWE	_	Ba.]	timore	e Cou	inty	MD.
10 CITY OR TOWN OF DEATH  Towson	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET Lan Nursi	ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCI (TYPE OF WORK FOR / Homems	MOST OF WORKE		26 KIND O NDUSTRY	OF BUSINESS OR
SUAL RESIDENCE (IF NO 180 NO 180 STATE  Maryland	R INSTITUTION	GIVE RESIDENCE BEFORE 134. CITY OR TOW Baltimo:	N	13d INSIDE CITY LIMITS? YES XX NO	13e STREET ADDR			t Rd.	21239
FATHER'S NAME FIRST  Mot Known	MIDDLE	Borgm	an	IS MOTHER'S MAIDEN NAM	MID	iown		LAS	ī
160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	A	DDRESS			
(YES, NO OR UNKNOWN) (IF YES, C	SIVE WAR OR DATES)	213-74-1	422	Pamela Neuba	mell	Ll Ave. 21206			
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O  DUE TO, O  (b)  DUE TO, O  10  CONDITIONS CO	R AS A CONSEQUE  ONTRIBUTING TO D  IT ION FOR WHICH	NCE OF	NOT RELATED TO THE TERM	200 AUTOPSY	20b II	IF YES, WE ERTIFYING YES	ERE FINDING CAUSES	NGS USED S OF DEATH?
OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  71d. INJURY OCCURRED  WHILE AT WORK AT WORK	HOUR A.	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19	211 LOCATION STREET		Y OR TOWN		COUNTY	STATE
276. I certify that (1) (this has saw the deceased alive above, (1) (we) (classical alive) (1776 SIGNATURE)  276. PHYSICIAN'S NAME (1776 Dr. Celiar)	an nati view the bady	after death.	01	DEGREE  M122 ATTENDING PHYSICIAN TREADDRESS  7122 Harfo:	MEDICAL DIRECTOR P	STAFF HYSICIAN		d fram the	SIGNED
23a. BURIAL, CREMATION, REMOVA		[23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	٧		, and I	J 2244
(SPECIFY) Burial	Oct 17	1987		ens of Faith	Bal	timore	Edi	Mar	ryland
14 FUNERAL DIRECTOR Leonard J. Ru	ick, Inc.		ore, 1		21 1937			braches.	The A

DHMH - 16 60M 7/B4 (VRA 15, 4)

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068	431	00			EASED NAME FIRST		MIDDLE		AST	20 DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
	be de	er deoth		11176	OK PROVI)	James A. N	ichols			10	/9/87		M
	ē 0	ie i		3. SE)		4 RACE		5 DATE (		6. AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	ge 4	20 22		d	Male	Ca	ucasian		/8/14	7	2 YRS		
	- Po	2 hou	2		OUNTRY)	76. CITIZEN OF	WHAT COUNTR	MARRIE	D KNEVER MARRIED	9 BALTIMOR	E CITY OR COUNT	Y OF DEATH	
	death	7	7		Maryland	U.S.		WIDOW	D DNORCED	B	altimore Co.		MD.
10	1 Fe 4	12	Z	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NUR!		OR OTHER INSTITUTION		FOR MOST OF WORKING LI		F BUSINESS OR
201	No 2	-			Randallstown	Baltin	are County	y Genera	Hospital	Restau	ranter	Self	employed
MARYLAND 21201	within 24 hou	Shortd be	0		THER'S NAME	Baltimore MIDDLE	136. CITY OR TO		YES NO THE NO THE FIRST	16 Nio	DDRESS / ZIP COD	E 2	1136
	uted	6	X.	160 \0	E. John Nichols  (AS DECEASED EVER IN U.S.		16b SOCIAL SE	CLIBITY NO	Ima H. H	oger	ADDRESS		
BALTIMORE,	exec ond	oges			ES. NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)				. Lillian			7 7 0440
AE.	e pe	d a			NO 18 CAUSE OF DEATH (Ente			2-5964	16 Nicodenus	ROBO	Reista		mate interval onset and death
201 W.	201	njury, or other troumptic	NOI	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN	(b)_ DUE TO, (c)	OR AS A CONSEC CHB (M) OR AS A CONSEC HTR (M) (CONTRIBUTING I	QUENCE OF	CARDIUM ESTIVE H NOT RELATED TO THE TE	EART RMINAL DISEASE	THY FAILU. OR CONDITION GI	VEN IN PART III	D	
AI RECO	he law r	and prior	9	CERTIFICATION	190 DATE OF OPERATION	196 CONE	ITION FOR WHI	CH OPERATIO	n was performed	200 AUTO	IN CERTI	S, WERE FINDIN IFYING CAUSES ES []	NGS USED OF DEATH? NO
DIVISION OF VITAL RECORDS,	PHYSICIAN: 1 ending physic	ental Hyg	4 1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFEITHER NOTIFY MEDICAL EXAM	DEATH HOUR A	PRULMI AC M.M. MONTH M.M.	DAY YEAR	2Tc. HOW INJURY OCC	URRED (ENTER NAT	URE OF INJURY IN ITEM 18	PART I OR PART 2)	210
OIVISION	offendir	of thought		MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, SI	OF INJURY TREET FACTORY, OFFICE	CE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	ATTENDI	of Heol			220:1 certify that (1) (this bo saw the deceased alive obove, (1) (202) (dud) (dic	an	10-1 19		, 19 G and that in (my) (pur) apini	O, to an death accurred	I an the date and ha		that (I) ( last causes stated
	o ho	detached fote Dept			72d. PHYSICIAN'S NAME (T	Pose	alia	, Ka	ATTENDING PHYSICIAN 122e ADDRESS		STAFF PHYSICIAN	224. DATE	11-87
	O HOSP etoined	should be deta with the State [			Dr. Samuel	Scalia			2 Church	Lane	Baltin	rece o	2120
		8 2 2			URIAL, CREMATION, REMOV	/AL 23b. DATE	23	C NAME OF	EMETERY OR CREMATOR	Y 23d. LOCA	TION	COUNTY	STATE
	BP			04 5	Brial	10/1	2/87	Druid	Ridge Cemetery		sville Balt		MD_
	DHMH -		/B4	24 FL		ring Byers			, inc	07 . 5	GISTRAR 256 REGIS		
	(VRA	(15, 4)			8728 Liberty Ro	ed Randall	stown Man	yland 2	1133	01101	987 Julia	Dandern:	Kendage.

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DHMH - 16 60M 7 (VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

I. DE	ECEASED NAME	FIRST		MIDDLE	ı	AST		20. DATE C	F DEATH	MONTH [	DAY YEAR	2b HOL	JR
(TYP	PE OR PRINT)	Kathen	<	E		Nuel		25		10 7	5 87	10:	550
3. SE	EX	4	RACE		5. DATE C			6. AGE (IN	YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER	
1	Female		Whit		9	16	1896		91	YRS	MONTHS. DAYS	HOURS	MIN
70 B	COUNTRY)	OR FOREIGH 71	CITIZEN OF	WHAT COUNTRY?	8.	NEVER A	AADDIED [	9 BALTIMO	ORE CITY O	R COUNTY	OF DEATH		
Ba	1to. City	1	U.S.A	1.	WIDOWE		VORCED [	Ba	1timo	re Cou	inty		٨
	ITY OR TOWN OF D	EATH 1		HOSPITAL, NURSIN		R OTHER INST	ITUTION	12a USUAL	OCCUPATI	ION	12b. KIND (	OF BUSIN	_
5 R	andallsto		Balto.	County	Gen. I	Hospita	1		usewi	fe.	E) INDUSTRY		
130.	STATE Md.	Balti	Υ	130. CITY OR TOWN	N	13d. INSIDE C	NO [	130 STREET	address .	zip code	ircle 2	1117	
7 14. F.	ATHER'S NAME					IS MOTHER'S	MAIDENNA						
(1)	John	MI	DD1E	Wagner		Li	zzie		MIDDLE	236	L'ô	ok	
	WAS DECEASED EVE		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	1	ADDRI	ESS		200	
	No	(# 123, 071	THE OR DATES	215-54-28	802	Walter	A. Bo	sley	Owin	gs Mil	lls 211		
	18 CAUSE OF DEA			line for (a), (b), and	d (c).)						8FT WEEN	ONSET AND	RVAL DEAT
	PARTI. DEATH	IMMEDIATE		Preumwi	A								
	1000		DUE TO O	AS A CONSEQUE	NICE OF								
	Conditions if as	and the	, DUE 10, O	R AS A CONSEQUE	NCE OF								
	Canditians, if ar		(p)_								-		_
	couse (a), sta	ting the	DUE TO, OI	R AS A CONSEQUE	NCE OF								
	underlying cou	se lost.	( (5)										
	PART 2 OTHER SI	CAUSIC ANT CC	NOITIONS CO	ONTRIBUTING TO D	SEATH BUIL	NOT BELATED	TO THE TERM	AINTAL DICEA	E OB CON	DITIONICIN	CALIBLE A 07 1		=
Z	TAKE 2 OTTLE SK	SIMILICAIM CC	1401110143 <u>CC</u>	None	DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEA:	SEURCUN	DITION GIV	EN IN PART I	0'	
CERTIFICATION	19a DATE OF OPER	ATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUT	OPSY?	20b. IF YES	, WERE FINDI	NGS USE	D
										IN CERTIF	YING CAUSES	OF DEA	TH?
- E	-					1		YES	NO		s 🗍	NO [	
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	page 3			Willi	am Ja	mes	NOI		October 19	1987	RIYEAR IF UNDER 24 MRS
	or. p		3. SE		4 RACE		5. DATE O	DAY YEAR	72	MONTHS	
	age lirect	10	7. 01	Male	White		Sept	. 2, 1915	9 BALTIMORE CITY O	YRS.	ATH
	orh. P	3	Rr	ooklyn, N.Y.	U.S.A.			NEVER MARRIED			
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101	SALTIMORE, MARYLAND 21201 ole be executed without after propers. Page 1 and 4			ossville		ACILITY, GIVE STREET			Ret. U.S.D.	of working (IFE) IND	SHA Inspector
ND 212				AL RESIDENCE (IF NURSING HOME OF TATE 136 COL TYLAND HAT	orother institution GI JNTY Ford	ve RESIDENCE BEFOR 34. CITY OR TOW Joppa		134 INSIDE CITY LIMITS?	13e STREET ADDRESS 611 Joppa	/ ZIP CODE a Farm rd.	. 21085
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ORE,	2 oc 0	die.		VAS DECEASED EVER IN U.S. A	RMED FORCES?	6b SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR		pa Farm Rd.
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I RECO	an. Ins. has bee permit.	You south	CERTIFICATION	190 DATE OF OPERATION	196. CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	280 AUTOPSY? YES NO		E FINDINGS USED CAUSES OF DEATH?
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	BP	_	24 5	Burial UNERAL DIRECTOR	10-22-	1987 (	Garden	s of Faith Co		Balto.	Md.
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C. Berry M. C. Brand Brand St. Francis and Services

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE · STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME Noues 26 DATE OF DEATH MONTH 2b HOUR lerome TYPE OR PENSEY Francis DOKE 1. SEX RACE AGE (IN YEARS LAST BIRTHDAY) S DATE OF BIRTH IF LINDER I VEAR IF UNDER 24 HRS MONTH YEAR HOURS MALE WHITE 10-04 83 BIRTHPLACE ISTATE OR FOREIGN LOUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maruuana Balto. (o. WIDOWED DIVORCED [ CITY OF OWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ssex (TYPE OF WORK FOR MOST OF WORKING LIFE) FIENOT IN SUCH FACILITY GIVE STREET ADDRESS Rice Retired BACTEMBER CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Baltimore 8039 WYNBROOK RD IS MOTHER'S MAIDEN NAME E FATHER'S NAME MIDDLE LAST MIDDLE ROBERT CHARLOTTE JOSHUA NOYES 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO QRUNKNOWN) atherine R. Noyes 8039 Wynbrook Rd. 21224 217-22-5162 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY ormany Vascular Vicase torioscleratio IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Accident CERTIFICAT 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL NO [ 21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22s I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an abave, (l) (we) (did) (did nat) view the body after death and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated 226. KINATURE DEGREE 22r. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 40artin 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE STATE (SPECIFY) 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 harles S. Zeiler & Son Inc. 6224 Eastern Ave. (VR A 15 (4))

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		Maryland	United States	WIDOWED		BALTIM	ORF co	LINTY	MD.
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ATTENDING PHYSICIA ospitol or attending p ECTOR. Also this certil of for use as the burial- of or use of the burial- at of Health and Manta m 21 is marked or Bern m 21 is marked or Bern	MEDICAL	21d. INJURY OCCURRED  NOT WHILE ALWORN  220. I certify that (1) (this has we the deceased alwoare, (1) (we) (did) (dia hove, (1) (we) (did) (dia hove)	P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE aspital) attended the deceased from	19 CE FARM ETC )  m	211 LOCATION STREET  10/12 , 19.87  I that in (my) (aur) apinian	city of	0/15, 19	COUNTY., the	at (II (we) last uses stated
OR ATTENDING PHYSICIA he hospital or attending p DIRECTOR After this certil oxhed for use as the busials Dept of Health and Mental R flem 21 is marked or Bern	MEDICAL	21d. INJURY OCCURRED  OTHER OF HIS ALL WORK  22a. I certify that (I) (this has we the deceased alive	P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE aspital) attended the deceased from	19 CE FARM ETC )  m	211 LOCATION STREET  10/12, 19 87 It that in (my) (aur) apinian EGREE ATTENDING	city of death accurred an the	110WN 19/15 19 date and have a	COUNTY	at (II (we) last uses stated
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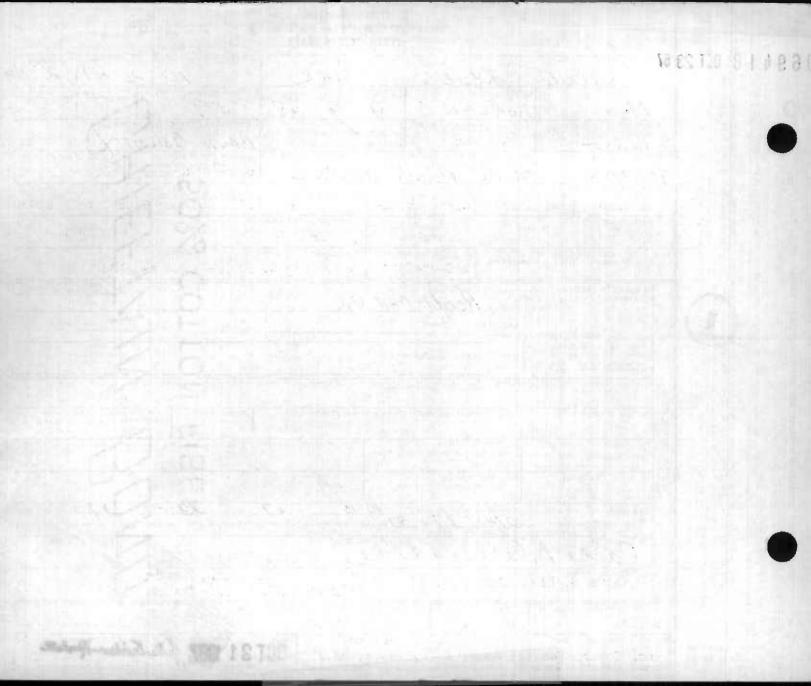
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO MIDDLE . DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) ESTI-Donald George Orem, Jr. DEATH MATED 4 RACE IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE LAST BIRTHDAY) RONOUNCED white 03-16-1960 male DEAD 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY DIVORCED Baltimore County, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Heavy Eq.p. Operator Sparrow's Point Bethlehem Blvd. Construction Co. SUAL RESIDENCE (IF IN NUR IN G HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD Allegany Flintstone YES 🗌 none/21532 NOTX ATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Barbara Granger Donald Orem 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166. SOCIAL SECURITY NO. I LE YES GIVE WAR OR DATES! 214-76-6792 Mrs. Tammy M. Orem, Flintstone, MD-wife 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES X NO PAGE 4 SHOULD BE FORWARDED TO THE CITO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH WITH THE STATE DEPARTMENT ( 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING AOR 2:14 xx 10/ 9/19 87 driver of auto/fire truck collision 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Bethlehem Blvd. Sparrow's Point, Balto. Co., Mc roadway 778 I certify that I took charge of the remains described above, held an Autopsy and in my opinion Undetermined monner LILLE/SPECIFY) 10/9/87 Assistant EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY STATE Burial 10-12-1987 | Sunset Memorial Park Cumberland Allegany 07/84 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIANAHUSEL DHMH - 17 James F. Scarpelli, Cumberland, MD 21502 (VR A15 ME (5))

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BALTIMORE, MARYLAND 2120  Come be executed within 24 hours  nond cerber rilled in by Poges and should be fill  If medico conter mysten	M	aryland	Baltimore		OR TOWN eysville	13d. INSIDE CITY LIMITS? YES NO 🔣	132 STREET ADDRESS /	zip code ey Gate	Circ1	e,21030	
MARYL MARYL Sed with	1	ATHER'S NAME FIRST	Cu	Pai	rk	15. MOTHER'S MAIDEN NA Sun	MIDDLE		Pa	rk	
IMORE,	1	WAS DECEASED EVER I yes, no or unknown) O	N U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE	61	72-5452	Mrs. Sung S	. Park - same		.3e		
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DIVISIO Other than On the ba	MED	21d INJURY OCCURRI	MOH TA)	CE OF INJURY E. STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	VN.	COUNTY	STATE	
ATTEND partol o ECTOR J d for use c of Heal	1		1/2/	20/87	7 19 87 . 0	nd that in (my) (our) opinion		te and haur an	d from the car		
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O HOSFI TO FUNE TO FUNE MADURE SO		Carla S				Dulaney Vall			204		
BP	I	BURIAL, CREMATION, R SURTIAL		23-87	Dulane	EMETERY OR CREMATORY  y Valley	Timonium,		to.,	Md .	
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director Ruck Towson	Funeral H	ome, In	050 York c.,Towsor	Rd. 250 DA 150 DA 1750	T 2 1 1987	the REGISTRAR	S SIGNATUR	the second	



	POR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	8 2 1 3
	. DECEASED NAME FIRST	JOHN RTLEY P.	ATTONAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
9 2 6 4% DCT 21 1	TODO	B. Pe	atton	10/14/87	6.25 M
X . 0 7	SEX	4 RACE	5 DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
2 000	male	White	MONTH   DAY   33	64 YR	s.
Pog dire	BIRTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
nero n 72	Virginia	USA	WIDOWED DIVORCED	Dato. Col	ITY MD.
ofter d	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS IN  (IF NOT IN SUCH FACILITY, GIVE STREET A  10000 H		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Agent	GLIFE RIND OF BUSINESS OR INDUSTRY Real Estate
24 hours	USUAL RESIDENCE (IF NURSING HOME OR.		1134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	
BALTIMORE, MARYLAN cote be executed within 2 spers. Poper ond 2 strong vol. it, the medicol backgriber m	FATHER'S NAME John Samuel P	widdle LAST atton	15. MOTHER'S MAIDEN NA	y Elizabeth Ril	Ley
RE.		MED FORCES? 166 SOCIAL SECUL	RITY NO. 17 INFORMANT	ADDRESS	
IMOR n ond Poge	Yes WW I	1 23912	6142 Virginia B.	Patton S	Same
SALT ose b osers	18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), one			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4 4 4 6 6	PART I. DE ATH WAS CAUSEI	E CAUSE (O) CAR DIO PU	LMONARY ARRO	est	IMMEDIATE
W. PRESTON ST or the digith certi- tion of the certi- tion of the certi- carbon of the certi- other tradinate, ev-	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF HEART FAIL	URG	MONTHS
M. PR	gove rise to immediate cause (a), stating the underlying cause lost.		LEMOTIC CARDIOVA		
RDS, 20 equires equires 10 burilling.		ONDITIONS CONTRIBUTING TO D	MINAL AORTIC AUGU	MINAL DISEASE OR CONDITION	COPD; ARF: GI
he low r	OND WALL ALTER  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	206 AUTOPSY? 206 IF IN CE	YES, WERE FINDINGS USED CONTROL OF THE PROPERTY OF THE PROPERT
OF VITA CLAN: TI physici physici physici physici physici physici	OR COLUMN TO CHIEF OF MEL	TH HOUR A.M. MONTH DA		RRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
NG PHYSICIAN: The low required the this certificate has been signs of the buriol-transit permit. Then the ond Mental Hygiene prior to be the ond Mental Hygiene prior to be the order them 18 shows any prior orked or them 18 shows any prior or the	VIETNIER NOTIFY MEDICAL EXAMINER  21d. IN JURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER  1 WORK AT WORK	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
DIVENDING ON After OR. After OS. AS. AS. AS. AS. AS. AS. AS. AS. AS. A		tol) attended the deceased from 19	9-10, 19 8°	7 to 10-14 death occurred on the date and	hour and from the couses stated
OR ATT OR ATT DIRECT Oched for Oched to Bept. o	obove, (May (da) (did no	t) view the body offer death.	DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED
TO HOSPITAL etoined by to TO FUNERAL should be det with the State MPORTANI	JOIGE CL SE	ECADA- LOVIO,	PHYSICIAN ( 212. ADDRESS ST. JOSEPH HD 7620 YORK	HOSPITAL ROAD. TOWSO	
δ g δ d w w w w w w w w w w w w w w w w w w	23a BURIAL CREMATION, REMOVAL	236 DATE 23c N	AME OF CEMETERY OR CREMATORY	236 LOCATION	
BP	(SPEC Burial	10/19/87 Mo	reland Memorial	Baltimore, E	Baltimore Co., Md
DHMH - 16 60M 7/84 (VRA 15, 4)	<sup>24</sup> FUNERAL DIRECTOR Mitchell-Wiedefel	-	500 TA 1 250 DA	CT 2.0 1987 Aut	SISTRAP'S SIGNATURE

STATE OF MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR			CEICITI	ICAIL OI DEATH		REG. NO	0.	A.	1 2 8 1
1. DECEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF D	DEATH	HINOM	DAY YEAR	1001
ITYPE OR PRINT) Elizat	eth	S.	Р	eacock	Oct.		1987		1;33 A
3. SEX	4 RACE		5. DATE C		6 AGE JINYEA	ARS LAST BIR		MONTHS DA	
Female	Whit	е	Nov	- 1001	86		YRS.		
TO BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? B	D NEVER MARRIED	9 BALTIMOR			OF DEATH	
Lawrenceville @	Geo. USA		WIDOWE		300	Balt	imore		M
10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL O				D OF BUSINESS OR
Owings Mills		Cronda 1 1	Lane		(TYPE OF WORK F	or most o	wife	FE) INDUST	RY
JSUAL RESIDENCE IF NURSING HOME 130. STATE 136 CC	UNTY	13c. CITY OR TO	WN	138 INSIDE CITY LIMITS?	13e STREET AL	DDRESS /	ZIP CODE	Ę	
Md. Ba	ilto.	Owings 1	Mills	YES NO	3723	Cron	dall	Lane 2	21117
14. FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE	MIDDLE			LAST
D	Born			Pear1		MIDDLE	Haday	way	(ASI
160 WAS DECEASED EVER IN U.S.		166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	SS		
(4ES, NO OR UNKNOWN) (IF 4ES,	GIVE WAR OR DATES)	218-32-	6049	Mr. George 0	. Tilto	n B	alto.	Md. 2	21207
18 CAUSE OF DEATH (Enter	only one cause pe	r line for (a), (b), a	ind (c).)					APPE	ROXIMATE INTERVAL
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	JSED BY:	ACUTE G	HR DIS	RESPIRATOI	21 40	RES	7		
IMMED					7 7 1 4				
C Inc. of Act.	DUE TO, C	R AS A CONSEOL	JENCE OF	CHF - AS	HD.			11.5	
Canditions, if any, which gove rise to immediate	(p)_				11			-	
couse (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEO	UENCE OF	11.00					
	(c)_			MPA					
	IT CONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	ORCON	DITION GIV	EN IN PARI	lia
19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING									
190. DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOR	s843			IDINGS USED SES OF DEATH?
and					YES	NO	YE	s 🗆	NO 🗆
210. ACCIDENT WAS UNDERLYING	110110 1		DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATI	JRE OF INJU	RY IN ITEM 18 F	PART I OR PART	2)
OR CONTRIBUTING CAUSE OF	DEATH	.M.	19						
(IF EITHER, NOTIFY MEDICAL EXAM	21e. PLACE	OF INJURY		21f. LOCATION					17:54
WHILE NOT WHILE D	(AT HOME, ST	REET, FACTORY, OFFICE	, FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
22a.1 certify that (1) (this ha	ospital) attended t	ne deceased fram		. 19	, ta			19	, that (i) (we) las
saw the deceased alive abave, (I) (w/) (ajd) (did	an	19_		nd that in (my) (aur) apinion (		an the de			
22b. SIGNATUR	THOIT VIEW THE DOGS	oner death.		DEGREE	3-14-1			22c. DA	AJE SIGNED
1(-5	- LAD			ATTENDING PHYSICIAN	MEDICAL	STA	FF IAN I	10	119/87
220. PHYSICIAN'S NAME (TY	PE OR PRINT)			22e ADDRESS					- (
R.RIC	CI M-	4		3/25 BALTO. 1	SUD. F	-INK	SBU	RCIT	7D 21040
		100	NIAME OF C						
Burial, CREMATION, REMOV	236. DATE 10/12			idge Cem.	23d LOCAT		ille,	MANTY	STATE
Dai Ta i	10/12	, , ,	iuiu K	ruge celli.	PI	VC2 A	1116,	riu.	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Eline Funeral Home

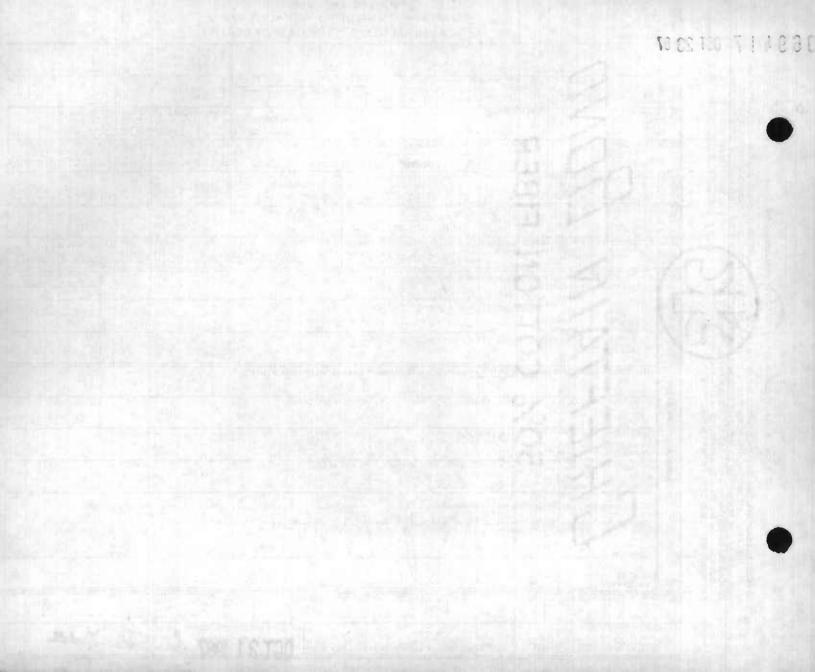
Reisterstown, Md. 21136

Pikesville, Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME TO DATE KNOWN (TYPE OR PRINT) Hutchins DEATH MATED Gordon Pearce DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR LAST BIRTHDAY) DEAD Male White 3 1902 Nov. 84 YRS TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Maryland WIDOWED X DIVORCED Baltimore County CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Monkton J. M. Pearce Rd. Horse Trainer Horses USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland Monkton 16417 J. M. Pearce Rd., 21111 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EIRST John Myers Pearce Maude Hutchins 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) HE YES GIVE WAR OR DATEST 21111 No 214-16-8250 Robert M. 16330 Markoe Rd 18 CAUSE OF DEATH (Enter only one couse per line for (a) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL - I lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTINUOUS OF DEXT - BUT NOT RELATED TO THE TERMINAL-DISEASE OR CONDITION GIVEN IN PART - 10 USED AS A B 19g. DATE OF OPERATION 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY LATHOME. 21f. LOCATION EXECUIT THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFFER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY Inspection & 220. I certify that I took charge of the remains described above, held an and in my opinion Undetermined monner DATE EXAMINER'S NAME Chas. F. O'Donnell, M.D. 7501 York Rd. SAE 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE COUNTY Cremation 10/30/87 Westview Crematory Catonsville Balto. Md. 07/84 25M 24 FUNERAL DIRECTOR 256, REGISTRAR'S, SIGNATURE **DHMH - 17** Bryan W. Clary, 10 W. Padonia Rd., 21093 (VR A) 5 ME (5))

(VRA 15, 4)



	FOR DEP  - STATE REGISTRAR	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	REG. NO	2 2 3
0 2 8 3 00 3 30 67	DECEASED NAME FIRST Elbert Peter	CAST		26 HOUR 4:05P <sub>M</sub>
ge 4 mo	Female White	5. DATE OF BIRTH 57/20/43 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)  1 F UNDER MONTHS  YRS	RIYEAR IF UNDER 24 HRS DAYS HOURS MIN
leoth. Po	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland USA	MARRIED NEVER MARRIED XX WIDOWED DIVORCED	Baltimore County of DEA	
by the tribled with	Baltimore Villa Assump	ota, 6401 N.Charle	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDI	kind of Business or USIRY Education
AND 21;	SUAL RESIDENCE   IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE   13% COUNTY   13c CITY OR   Balto.   Balt	YES NOW	13. STREET ADDRESS 6401 N. Charles	St.
, MARYL ompletely	FATHERS NAME FIRST MIDDLE LAS	Mary We	tzelberger	LAST
BALTIMORE one be executed to be executed by spers. Page vol.	(YES, NO OR UNKNOWN)	SECURITY NO. 17 INFORMANT 58-4316 S. Maria G		
201 W. PRESTON ST., BAI es that the death certificate ned by the attending physic please remove carbon pape unal, cremation, or removal.	18 CAUSE OF DEATH (Enter only one couse per line for 101.) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  DUE TO, OR AS A CONS gove rise to immediate couse 101, stating the underlying couse lost  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	SEQUENCE OF		APPROXIMATE INTERVAL FIWEEN ONSET AND DEATH  2 MORNING
AL RECORDS, he low requir on. toermit. Then tene prior to be		HICH OPERATION WAS PERFORMED	206 AUTOPSY? 206 IF YES, WERE	
DIVISION OF VITAL  NG PHYSICIAN: The offending physicio fifer this certificate h os the buriol-tronsit fh and Mental Hygie fh and Mental Hygie	OR CONTRIBUTING CAUSE OF DEATH  JIF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING PAM. MONTE	1 DAY YEAR	ED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR P	PART 2)
DIVISION DING PHY or offer this e os the bu morked or	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK AT WORK	OFFICE, FARM, ETC.)  211 LOC ATION STREET	CITY OR TOWN COUN	NTY STATE
R ATTENDI hospital or RECTOR: A red far use ppt. of Heal	220. I certify that (I) (this hospital) attended the deceased for sow the deceased alive on obove, (I) (monoidal) (did not view the body after death.  22b. SIGNATURE	00	, to	om the couses stated
HOSFITAL OF THE BALDING BY THE BALDING BY THE BALDING BY THE BY T	22d PHYSICIAN'S NAME (TYPE OR SPINT)	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	
TO HOSP returned to should be with the S	Dr. Lawrence Boas, M. I	23c NAME OF CEMETERY OR CREMATORY	dam Rd., Cockeysvi	
BP	Burial 10-26-87 V	illa Maria Cemeter	ry Glen Arm Balto	
DHMH - 16 50M 1/76 (VR A 15 (4) )	itchell-Wiedefeld Home 6500 Yo	ork Road 21212	29 1987 Alia Diridor	Rudallo

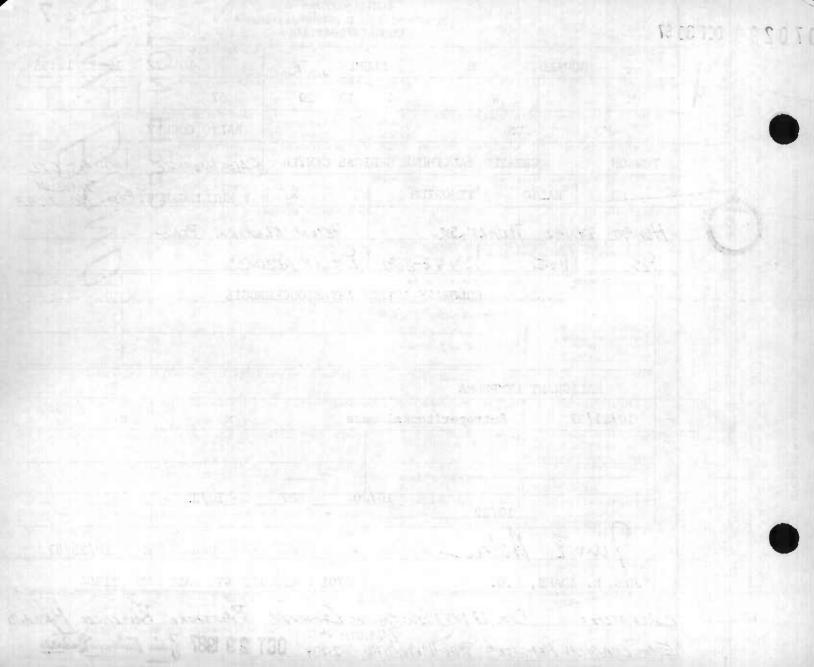
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			REGISTRAR				CERTIF	ICATE OF DEATH	REG.		- I	deal)
"m #			CEASED NAME	FIRST	1	MIDDLE	3	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
hay be page 3					ah G. Phillips				10/6/87			0835 M
ter p		3. SE	X	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST	HRTHDAY)	IF UNDER I YEAR	HOURS MIN.
oge 4			Female			casian	9/4	/94 - YEAR	93	YRS		
h Page	35		RTHPLACE (STATE ORI	FOREIGN 71		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
death uneral	80		Maryland		U.S.A		WIDOWE		Baltin		unty	MD.
1/2 236	1		ITY OR TOWN OF DEA	ATH 1	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS	TOF WORKING LIFE	INDUSTRY	
1 20 30	)ē		Randallstown		Baltim	are County C	eneral	Hospital	Post Master			Service
24 hau	24		AL RESIDENCE HE NURS	136 COUNT	Y	13c CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS		21	1133
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The state of the s	夏入	11.17	Frank Griffi		DDLE	LAST		Verda Unknow	MIDDLE		LA	12.
Cote Cote	9)	16a \	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT Mr. W		75632		
25	1		YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	215-44-1		5831 White Rod		- An	1110 M	aryland 2178
e Const	2 1	-		11.5				DOT MITTE HO	ROLL	Dykesu		XIMATE INTERVAL LONSET AND DEATH
certificate ng syr bo daper	1		18 CAUSE OF DEAT PART I. DEATH W	/AS CAUSED	BY:		alcui	enia			BETWEEN	ONSET AND DEATH
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has has	Smc /	Ĭ			TYSK.				YES TO NOT		YING CAUSES	S OF DEATH?
JAN: Th physicis inficate i-fronsit al Hygis	Show Show	E E	210. ACCIDENT WAS UN	DERLYING	216 TIME C			21c HOW INJURY OCCUR				
PHYSICIAN: T ending physici this certificate to bural-transi	THE		OR CONTRIBUTING			,M. MONTH DA	AY YEAR					
ING PHYSICIAN: The Indiana physician was the burnel-transit physician had as the burnel-transit phand Mental Hygier	or He	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION				
PH Trend	pa	W	WHILE NOT WE AT WO	HILE 🗍	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM ETC 1	STREET	CITY OR	IOWN	COUNTY	STATE
DING or a e os	T OF		220.1 certify that (I)	-	la effended th	a deceased from	9-	2-7 10 8	7 10 60 5	6	087	that (I) five that
ATTEN Sspital CCTOR d for us	2		saw the deceas above, (1) we)			1-	87.0	nd that in (my) (aur) apinian	death accurred an the	date and havi	and fram the	causes stated
R ATTER haspita RECTOR	E 2		27b. SIGNATURE	didy(did nat)	view the bady	after death.		DEGREE			22-DATE	E SIGNED
0 . 0 0	# #			( '	1/1			ATTENDING		AFF	10	-6797
by t by t ERAL	Z	-	22d. PHYSIC WAS N	AME WEREORI	PRINTI	, ,		PHYSICIAN [	DIRECTOR PHYS	ICIAN []	1/0	1
TO HOSPITAL retained by the TO FUNERAL should be detained with the State.	MPORTANT		Ka	alla	1	Gira		Saltin	are Co	uty	1	total
of of shoot	₹-		BURIAL, CREMATION	PLAOVAL	236 DATE	()3c t	NAME OF C	EMETERY OR CREMATORY	234 LOCATION			
BP	1		Birial		10/9/	/87 T	autone	ville Cemetery	Laytonsvi	11e. Mm	taanen	u MD
	7.00	24 F	UNERAL DIRECTOR	Iorim		uneral Dire			E REC'D. BY REGISTRA	R 256 REGISTR	RAR'S SIGNA	TURE
DHMH - 16 60M (VRA 15, 4			8728 Liberts						T 1 3 1007	Aution	Kinder	Rondock
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		REGISTRAR CEASED NAME FIRST	MIDOLE	LAST	REG. NO.  20. DATE OF DEATH M	ONTH DAY YEAR 26 HOUR
oge 3	(TYP)	HOWAR	D D	PLUMLY JR.	10	22 1987 11:35
moy fer d	3. SE	X	4. RACE	5. DATE OF BIRTH  4 ONTH 10 DAY 20 YEAR	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 H
oge 4		M	W	4 10 DAY 29 EAR	67	YRS.
leoth. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY) MD	16. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO COU	
Softer 198		TOWSON		E MEDICAL CENTER	120 USUAL OCCUPATIO LTYPE OF WORK FOR MOST OF V SALES HAWAGE	NORKING LIFE) 12b. KIND OF BUSINESS INDUSTRY  ASHLAND OF
St hou	13a.	AL RESIDENCE (IF NURSING HOME STATE MD 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE LTO TIMONTUM	ADMISSION)  13d. INSIDE CITY LIMITS?  YES NO E	13e STREET ADDRESS / 7 MULLINGA	R CT 4301 MD 210
	160		GIVE WAR OR DATES)	1	EMOR BEN ADDRES	LAST S
e be	-	YES NIM	only one cause per line far (a), (b), an SED BY:		EWDS	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
ires that the death co gned by the attendin in please remove carb burial, cremation, art	Z				INAL DISEASE OR CONDI	ITION GIVEN IN PART 110
		MALIGNA	NT LYMPHOMA		20a AUTOPSY?	
een signification on y inpu	CATIO	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	100 /1010101	206. IF YES, WERE FINDINGS USED
he law requirence on signification of the prior to ows any injury	RTIFICATION	190 DATE OF OPERATION 10/21/87	Retroperiton	eal mass	YES MO	YES TO NO
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he law requirence on signification of the prior to ows any injury	MEDICAL CERTIFICATION	190 DATE OF OPERATION 10/21/87 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	Retroperiton	AY YEAR 19 211. LOCATION STREET	YES MO	IN CERTIFYING CAUSES OF DEATH?  YES NO  IN (15th 18) PART (1 OR PART ?)
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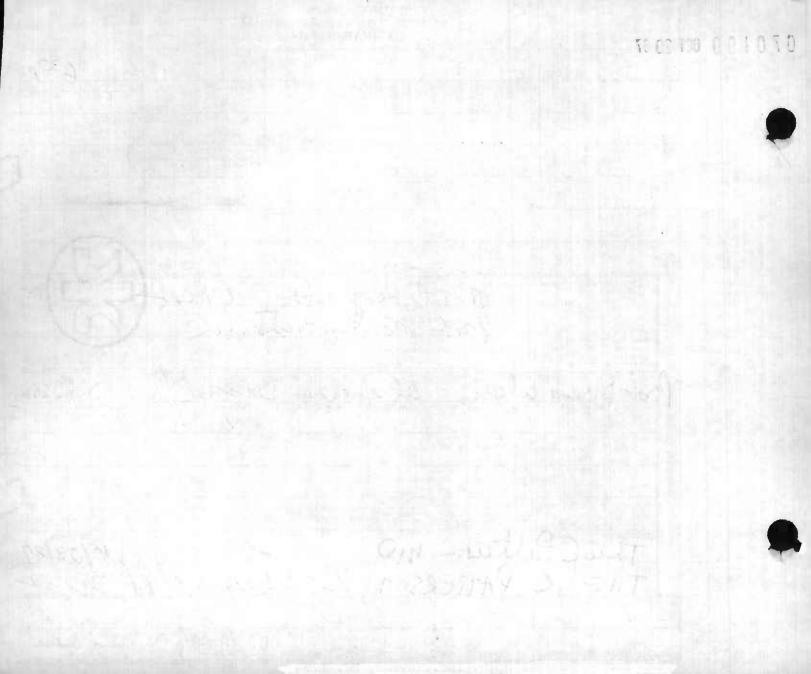
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STATE OF MARYLAND

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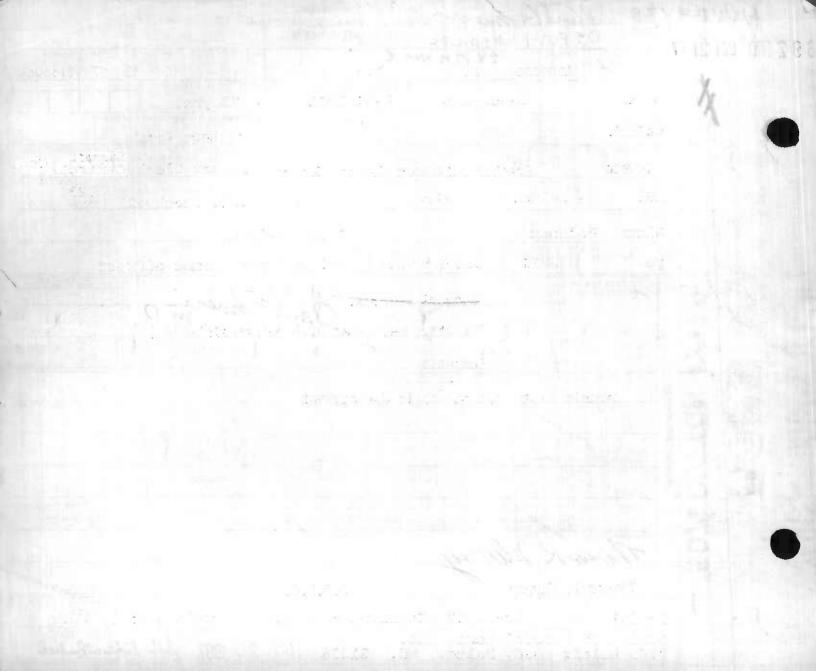
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TO - F	9	22b. SIGNATURE	be	oner deom.	DEG	ATTENDING PHYSICIAN	MEDICAL STAF		0/14/87
AAL DIRE detocher lote Dep					220	ADDRESS			
TO FUNERAL DIRE		22d. PHYSICIAN'S NAME	y Ster	n		000 Frankl	in Square Dr	. Balto.	, 21237





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2 7.6	(TYPE OR PRINT)	Landone	XIDDIAM!			20 DATE OF DEAT			26 HOUR
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	230 BURIAL, CREMATION, (SPECIFY) Burial		22 07		METERY OR CREMATOR	CITY OF TOV	N	COUNTY	STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)	"SCKIMUNEK 9705 Bela	Funeral Hir Road, H	Home, ADD	nc.	21236	OT 20 1987	1 .	Trar's SIGNAT	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE 069679 OCT 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME DATE KNOWN MONTH DAY YEAR 7h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE DAY AST BIRTHDAY PRONOUNCED Jan.13,1926 Male White DEAD TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County Virginia USA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION LITYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Crost Mous Cork Rossville 21237 Machinist Franklin Square Hospital USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimore CITY OR TOWN 13d. INSIDE CITY LIMITS? 620 5. Marlyn Ave. 21221 Essex Maryland YES NO X 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST LAST Vera Kyle David B. Price 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES HEYES, GIVE WAR OR DATES) (YES, NO, OR UNKNOWN) 224 24 7386 Rebecca Price Same Korean Yes APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH RTERIOSCLERUTIC CARDIO PART I DEATH WAS CAUSED BY: ASCULAR DISCASE Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INILIRY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21a PLACE OF INJURY (ATHOME 21f. LOCATION 21d INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE rae of the remain described obove, held on TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE Autopsy death resulted fro EXAMINER'S NAME TYPE OR PRINT 30. BURIAL, CREMATION, REMOVAL THE DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Sherwood Mem. Park Salem, Virginia Burial BP **DHMH** - 17 Bruzdzinski Funeral Mome PA 1407 Old Eastern Ave. (VR A15 ME (5)) 20M 4/B2

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5 MOV -	97	REGISTRAR		CERTIFICATE OF DEATH	REG. N	o.
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Hero	3 SE		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS
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nerol di		COUNTY) Ballmore, Md.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	R COUNTY OF DEATH (Balto.)
10/	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI	
1/20	15	Towson		tospice	Homemaker	
25	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136. COU	PROTHER INSTITUTION GIVE RESIDENCE BEFOR 131. CITY OR TOW Balto	/N 13d INSIDE CITY LIMITS?	130 STREET ADDRESS	Downe Rd Balto 2
2	IA FA	THER'S NAME	MIDDLE 1AST	15. MOTHER'S MAIDEN N		O: LAST
300		John	Dukes	Penelo	pe	Price
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E:		NO -	217.22-	1248 Stella Man	is Hospice Du	laney Val. Rd 2120
- 6"		IS CAUSE OF DEATH (Enter o	inly one couse per line for (a), (b), or ED 8Y	od (C.)		APPROXIMATE INTERVA BETWEEN ONSET AND DE
L New			ATE CAUSE (0) CANCER O	of Colon with m	etastasis	
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2 10	NO					
À T	F	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
3/	E				YES NOT	IN CERTIFYING CAUSES OF DEATHS
88	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUI	
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ē.			oital) attended the deceased from_	02	, to	, in the little
n 21			ot) view the body ofter death.	CONSTRUCTION (SOCIETOR	on death occurred on the do	ate and hour and from the couses state
Hem	1 3	226. SIGNATUIII		DEGREE		224 DATE SIGNED
# .		X		ATTENDING PHYSICIAN		
ZY T		224. PHYSICIAN'S NAME (TYPE	OR PRINT	22e ADDRESS		
MPORTANT		E. IDAKO	chi MD.	Stroin Mans	Haspice Torns	ion Md 21204
IMPORTANT: #	230 F	URIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR	A STATE OF THE PARTY OF THE PAR	210 1000 - 12- 1
		SPECIFY) Burial			Balto.	COUNTY STAT
	24 FI	INTERNITORING CALCOLO		Moreland Mem.		County, MD 25b REGISTRAR'S SIGNATURE
OM 7/84		NAME H.	W. Jenkins			Julia Denter Pondals
				1 11	UV U 130//	CHARLES & SERVINGER OF STREET

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		1 74		FOR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2	3 2 3 6
06	939	OCT	25	STATE FOISTRAR	CERTIFICATE OF DEATH  REG. NO.	
	page 3			CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DA	7 87 1205 1 2 Am
1	A moy		3. SE		4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER LYEAR IF UNDER 24 HRS
0	lirecto ours o	m, ) -	400	Male RTHPLACE (STATE OR FOREIGN)	16 CITIZEN OF WHAT COUNTRY? 8 7 9 BALTIMORE CITY OR COUNTY O	S DCATH
	Jeoth. P	200		Balto.	WISA WIDOWED DIVORCED Balto. C	ounter MD.
101	by the fi	Control Control	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  LOCAL Maria HOSPITAL, NURSING HOME OR OTHER INSTITUTION  [TYPE OF WORK FOR MOST OF WORKING LIFE]  PAINTING CONT	126 KIND OF BUSINESS OR INDUSTRY CACTOR
AND 212	filled in rould be	35	13a S	TATE 136 GOD PYLAND BAL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  134 INSIDE CITY LIMITS?  136 STREET ADDRESS / ZIP CODE  1806 SHETCHUC	OD AVEZISZA
MARYL	ed within	SER	14. FA	THEODORE		HAMEL
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	ATTENDING ospitol or off ECTOR: After d for use os th	n 21 is mo		22a I certify that (I) (this hosp saw the deceased alive a above, (I) (we) (did) (did n	pital) attended the deceased from 10 14, 19 87, to 10 19, 15 on 10 19 19, and that in (my) (see opinion death occurred on the date and hour o	that (1) (me) last and I cam the causes stated
	oche poche	AT: If the		226 SIGNATURE	1. OleKarder DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	10 19 87
	O HOSPITAL etoined by the TO FUNERAL should be deta	WPORTANI		22d PHYSICIAN'S NAME (TYPE Carla S. A	Alexander, M.D.  Stella Maris Hospice Dulaney Valley Rd Towson, M	D 21204
	BP	-		URIAL PREMATION, REMOVA BURIAL	236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY TOWN	E MD STATE
	OHMH - 16 60 (VRA 15,		24 FI	- VANS CHA	PEL OF MEMORIES 250 DATE REC'D. BY REGISTRAR 256 REGISTRA	R'S SIGNATURE

70108 00	1.	FOR STATE OREGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	28237
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10 d d	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	
a edio.	-	Male	White	November 21,1931	55	YRS DAYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	** MARRIED   NEVER MARRIED	9. BALTIMORE CITY OR	
1 1 1	10 C	Maryland ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS  (IE NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	126 KIND OF BUSINESS OR
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es that the death certi- med by the attending p please remove carbon urial, cremation, ar ren v, or other traumatic ev		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ  (b)  DUE TO, OR AS A CONSEO  (c)	UENCE OF	ER-METASTA	7770
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ICIAN: 3 physic errifical nital H		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
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TTENDIN spital or STOR: Afr for use or of Health		220.1 certify that (1) this hasp	ottended the deceased from	47	death occurred on the date	ond hour and from the causes stated
AL OR A the hose AL DIREC detoched ore Dept.		226. SIGNATURE	alexand	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	10, 25, 87
TO HOSPITAL reformed by the TO FUNERAL should be deta		224 PHYSICIAN'S NAME (TYPE C Carla S. Al	Lexander, M.D.	220 ADDRESS Stella	a Maris Hospi	ce 750n, MD 21204
₽ ₽ ₽ ₹ \$ <b>\$</b>	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Gdns. of Faith	23d LOCATION CITY OR TOWN Baltimor	COUNTY STATE
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	ack The Baltimo	25a. D4		B. REGISTRATE SIGNATURAL CONTRACTOR

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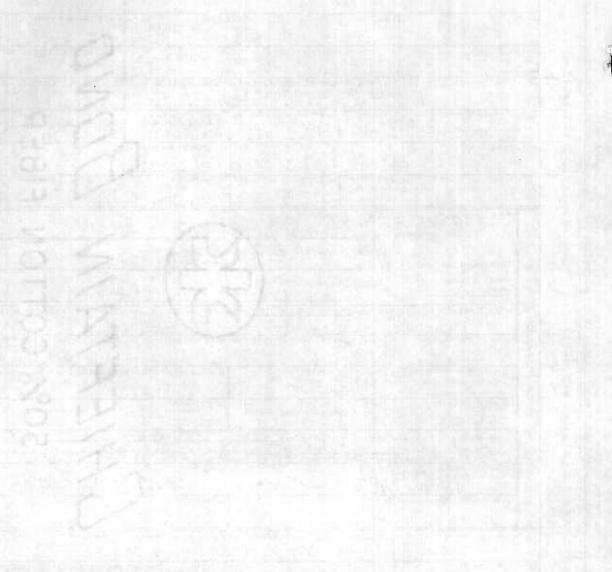
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STATE OF MARYLAND



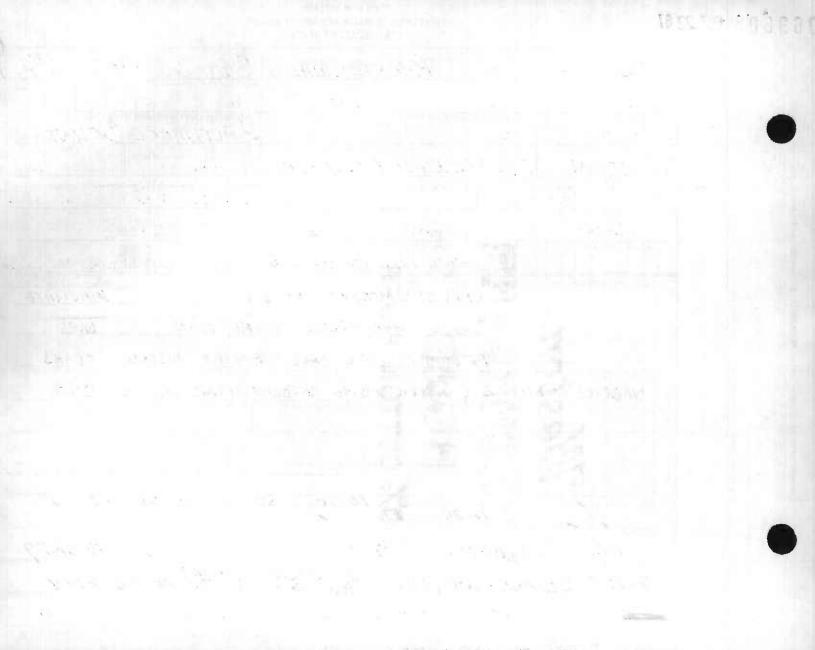
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Howard K. McComas III, Abingdon, Md. 21009

(VRA 15. 4)

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5 5 OCT 23	7	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	REG. NO.		
		CEASED NAME FIRS	T	MIDDLE	1	AST	20. DATE OF DEATH MONTH	H DAY YEAR	2b. HOUR
ay be age 3 death	(TYP	E OR PRINT)	eona M.	K. 1	Rein		October 19,1	L987	Noon "
a de la de	3. SE	X	4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
ge 4		Female	White		4-3	-1917 YEAR	70 ,	YRS. DAYS	HOURS MIN.
TZ ho		RTHPLACE (STATE OR FOREIGN COUNTRY) Baltimore	7b. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIORCED DIORCED	Baltimore City or CO		MD
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led in	13a.	AL RESIDENCE (IF NURSING HO STATE 13b (	OME OR OTHER INSTITUTION	13c. CITY OR TOV	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE	
- Fe-5-	-		Baltimore	Balti	more	YES NO X		achi Rd	
		Adam P. Ouick	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME Mautsch	LAS	21234
0 - 0		WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMANT	ADDRESS		
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ysicio opera		18 CAUSE OF DEATH (En	ter anly ane cause per	line far (a), (b), ai	nd (c+.)			APPROX	MATE INTERVAL ONSET AND DEATH
phys political political		18 CAUSE OF DEATH (Enter PART I. DEATH WAS C.	AUSEĎ BY EDIATE CAUSE (a)	Cardy	-	annet		Inn	
n signed by Then please rta burial, cr injury, ar ath	NOI	PART 2 OTHER SIGNIFICA	(c)_	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	N GIVEN IN PART 111	0
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ter this ce s the burn ond Mar	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET FACTORY, OFFICE.		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
d for use of Health		22a.1 certify that (1) (this saw the deceased all above, (1) five) (did) (c			, a		death accurred an the date an	nd hour and from the	
by the haspi by the haspi ERAL DIRECTO e detached for State Dept of ANT: If them 2		226. SIGNATUJI	Mf/	uch	n n	DEGREE  ATTENDING PHYSICIAN  120 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN [	22c. DATE	SIGNED
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STATE OF MARYLAND

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W P QUELLO	1	James Henry Rice				Helen '	Vaughn				
BALTIMORE,		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	66 SOCIAL SECU	IRITY NO	17 INFORMANT	Mrs. Co	nstance Rick	SS		
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BAL B		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	anly one cause per li	ne lar (a), (b), an	dicti		1			APPROXIMATE BETWEEN ONSET	AND DEATH
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TS STORY		Canditians, if any, which	(b)								
201 W. PRESTON		gave rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEQUI	ENCE OF						
W to		underlying cause last.	(c)								
S. 2	1,	PART 2 OTHER SIGNIFICAN	T CONDITIONS CON	NTRIBUTING TO	DEATH BUT I	OT RELATED TO TH	HE TERMINA	L DISEASE OR CON	DITION GIVEN	IN PART 110	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirements contending physician. Iter this certificate has been sign of the burial-transit permit. Then the and Memtal Hygiene prior to borked ar item 18 shows any injury	CERTIFICATION										
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HOSPITAL ned by the FUNERAL ord be det orthe Store		224 PHYSICIAN'S NAME (TYPE	E OR PRINT	/		22e ADDRESS	L 0	1 01		11	
TO HOSPITAL retained by 1 TO FUNERAL should be de with the Statu		Marc D.	20/00	10h	M.D.	3335	T. PC	int Mi	4601	De 1 to	2/202
7 5 5 2 3 3 3 1	23a 1	BURIAL, CREMATION, REMOVA	AL 236 DATE	23c 1	NAME OF CE	METERY OR CREMA	ATORY	234 LOCATION		OUNTY	STATE
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DHMH - 16 60M 7/84	24 F	INTERAL DIRECTOR	ring Byers F			Inc. 2	250 DATE RE	C'D. BY REGISTRAR	256 REGISTRA	R'S SIGNATURE	
(VRA 15, 4)		8728 Liberty Ros					OCT C	6 1987	Disn	dion. Randa	es.

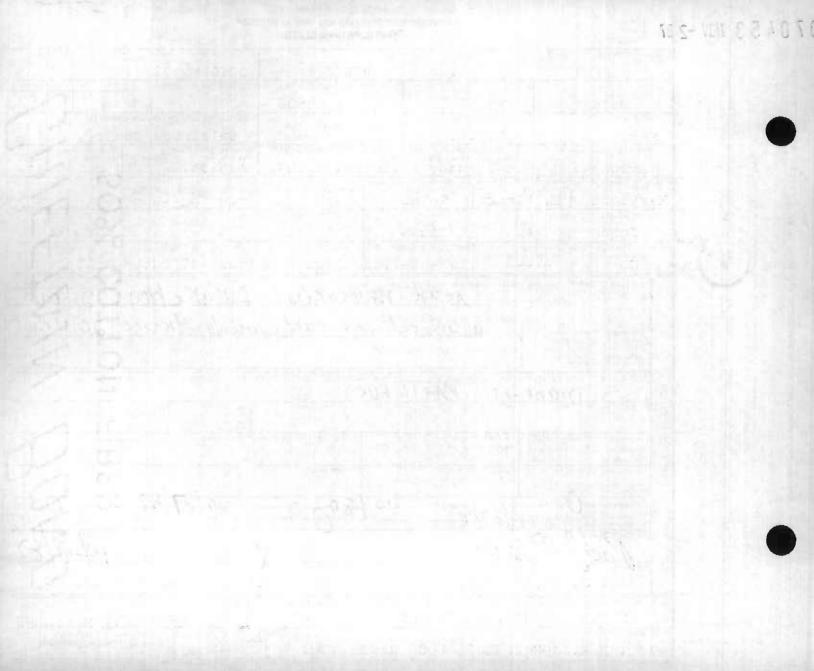
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 068570 CCT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 20. DATE KNOWN IX MONTH DECEASED NAME 7h HOUR (TYPE OR PRINT) DEATH MATED Jerome Richardson A. 10/ 3/ 1987 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 3 SEX IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY PRONOUNCED 939 yes Black Sept. 16, DEAD a M Male 10/ 3/ 1987 76. CITIZEN OF WHAT COUNTRY? RIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY! Baltimore County, USA Wash., D.C. WIDOWED [ DIVORCED CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 695 at 11A cutoff none SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OF TOWN 13d. IHSIOE CITY LIMITS? 236 Gallatin Street Washington. YESXX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Welen Johnson James Richardson 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Helen Ferguson-mother-236 Gallatin 579 50 7384 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT COHOITIONS CONTRIBUTING TO GEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR COHOITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DED TO THE CHIE E3 SHOULD BE US DEPARTMENT OF YES X NO 1 210 EXTERNAL CAUSE WAS 2 Th. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING SOR P.M. 10/ 3/ 1987 CONTRIBUTING CAUSE OF DEATH pedestrian struck by autos 21e PLACE OF INJURY (AT HOME. II LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK 695 at 11A cutoff, Balto. County, Md. roadway Autopsy X 220 I certify that I take though of the remains described above, held an Inspection Inquiry and in my apinion Accident X surural couses death resulted from: Homicide Undetermined monner Suicide DIR TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, A ACTUAL M.D. Assistant MEDICAL EXAMINER 10/3/87 SIGNATURE. EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL CREMATION FLAVOVALED BATE THE NAME OF CEMETERY OR CREMATOR Suitland, Md. Lincoln Memorial Cemetery Burial 987 24 FUNERAL DIRECTO 250. DATE REC'D. BY REGISTRAR 134 HEGISTRAR'S LIGNATURE DHMH - 17. Home-4001 Benning Road, N.E. Funeral. (VR A15 ME (5))



	1	FOR - STATE REGISTRAR		DEPARTMENT OF F	E OF MARYLAND BEALTH AND MENTAL HYO CICATE OF DEATH	REG. NO.	8 2 4 8
0 2 2 2 00	T CON	CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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moy.	3. St		4. RACE	5. DATE C		& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOUSE
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Pour Pour	12/1/1	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
nero in 72	DY	Illinois	U.S.A.	WIDOW		Baltimore	County
offer d	Z 10.0	Randallstown	11. NAME OF HOSPITA  (IF NOT IN SUCH FACILITY	(, GIVE STREET ADDRESS)	or other institution  1. Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOMEMAKET	12b. KIND OF BUSINESS
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TEN TOR		sow the deceased alive	on 10-22	1987	nd that in (my) (our) opinion	death occurred on the date and	hour and from the causes state
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Of Od M	230	BURIAL, CREMATION, REMOV			CEMETERY OR CREMATORY	234 LOCATION	1
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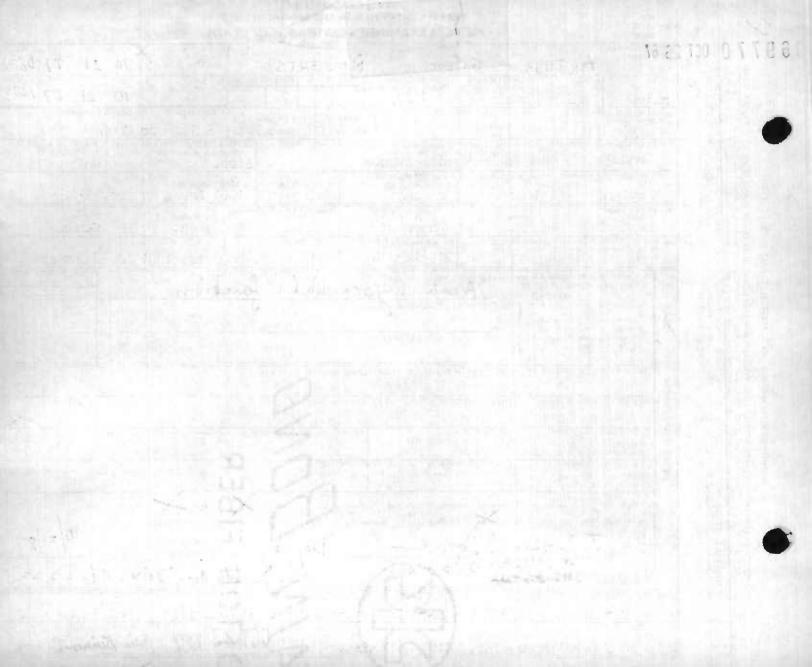
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the he had a socker to Dep		226. SIGNATURE	Baselie	2 /	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAF		10/c	3/87
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E 5 F 0 > 2	2	3a BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
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DHMH - 16 60M 7/8 (VRA 15, 4)		4 FUNERAL DIRECTOR WILLTATEAM E. JOH	INSON8521 LÖÖ	H RAV	EN BLVD. OCT	26 1987	SEGISTR.		UREALA

	FOR STATE REGISTRAR			DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE / 2.	8 2 5	(4	
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beath. Po	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  10 CITY OR TOWN OF DEATH  Parkville		USA WIDOWED				Baltimore Coun	ty	MD.	
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TIMO on on s. Pog	160 WAS DECEASED (YES NO OR UNKNO NO		RMED FORCES? VE WAR OR DATES)	212-10		James H. F	ADDRESS Ritter, 106 Belfas			
RECORDS, 201 W. PRESTON ST., BAL.  Ilow requires that the death certificate os been signed by the ottending physici permit. Then please remove carbon paper to prior to buriel, cremotion, or removal.	Conditions, igove rise to couse to l, underlying	f any, which be immediate stating the cause lost.	DUE TO, C  (b)  DUE TO, C  (c)  (c)	CARDI	DUENCE OF	1 1. 7.		ES, WERE FINDINGS	S USED	
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TO HOSPITAL OR A retained by the has TO FUNERAL DIREC should be detached with the State Dept.	ANTh	NONG TYPE	F CM	0330	naA	ATTENDING PHYSICIAN  220 ADDRESS  4214MA	VORINOOD DR	Then A	7/87 Rm my	
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			-	1-	FOR STATE	DEPARTI		AND MENTAL HY	GIENE B /	600	8 2	5 1
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	E	Ter p		3 SE	4. R	RACE	5 DATE OF BIRT	H DAY YEAR	6. AGE IN YEARS LAST BIRT	MON'		UNDER 24 HRS
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	0	Pour P	875		RTHPLACE (STATE OR FOREIGN 176 OUNTRY)	CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH	
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- 4	ires	gne bur	. Y.	7	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELIATED TO THE TER	MINAL DISEASE OR CONT	DITION GIVEN	IN PART 110	
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	The son.	£ 40	Sport	RTIF					YES NO	YES 2		NO 🗆
=	Ny Sic	SOT	20 /		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 21c. I	HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PART	OR PART 2)	
Ö	SICIAN:	ertif riol:t	E	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
DIVISION OF VITAL	PHYS	S of E	ō	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE,		OCATION	CITY OR TO	νN	COUNTY	STATE
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	ATTEND Spital o	0 0 4	2		saw the deceased alive an above (1) (ve) (did) (did not) w	19_	, ond that	in (my) (our) opinion	death occurred on the do	te and hour an	nd fram the cou	ises stated
	2 2	hed been	E		226 SICHATURE -		DEGRE	E			226 DATE SIC	
	AL O	0 00	±		14	2 000		ATTENDING PHYSICIAN	MEDICAL STAF		10-24	9-87
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1-3		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE / 2												2 5	2		
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	S H H G =	Maryla Maryla		US II NAME O	A F HOSPITAL, NUI	RSING HOME	OR OTHE		DIVORCE		Balti			County WORK 112b KIND OF BUSINESS			
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BALTIMORE, MD. 21201	F ANY DELAY IS N AND 3 TO THE FL AEFAIN PAGE HOULD BEYLLED RECORDS, 781 V	Maryla	nd Balti		Arbu Arbu	or town		13d INSIDE (ITY LIMITS?   13e. STREET ADDRESS   1001 Leeds Avenue					enue.	e. 21229			
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. 201	E NAME OF		cause lost.	(c)_									577W				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	PEN PEN F WE ED AS HEALTH CRETT		R SIGNIFICANT CONDITIONS	CONTRIBUTING TO	OEATH BUT NOT RELA	TEO TO THE TERMI	NAL DISEASE	OR CONDITION	GIVEN IN PART	T I rat							
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	CER CER CONTRACTOR OF WAR	ACTUAL	TPado	an A	The area	,		THILE (SP	PECI(Y)				DATE	10/	21/87		
	SHE SHE	SIGNATUR	J.CR	DSSAN	21/20		M.	D. Lee	nry	MEDIC	AL EXAMINE	R	SIGNE	D	10,		
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATED BALTIMORE, MARYLAND, 21201	EXAMINER (TYPE OR F	S NAME 2 HT A	motolk	a Mono	VAW	/	ADDRESS	2112 Du	indalk	Mr.	Balt	0. M	14-21	222		
	PAFILL BALL	23a.BURIAL, CREA	MATION, REMOVAL 2			IAME OF CEM				23d LOC	ATION		COUN		STATE		
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67666 OCT	16	FOR STATE		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY IFICATE OF DEATH	GIENE B	8 2 3
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OF 0.0	3. SI	EX	4 RACE	5. DATI	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
200	1	Female	White		b. 8, 1896	91 YRS	
o 0 0	7a 1	COUNTRY!	76 CITIZEN OF WHAT CO	OUNTRY? 8	IED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
deoth deoth		Maryland	U.S.A.	WIDO		Baltimore Cou	nty MD.
1100	10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	170 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	176. KIND OF BUSINESS OR
0 11 /8	1	Ruxton	Manor Care		Center	Bookkeeper	Warehouse
hour page	USI 13a	JAL RESIDENCE (IF NURSING HOA	AE OR OTHER INSTITUTION GIVE RESIDE OUNTY 136 CITY	OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DE
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d comp	160	WAS DECEASED EVER IN U.S	. ARMED FORCES? 166 SOC	TAL SECURITY NO	. 17 INFORMANT	ADDRESS	
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sicio pers ol.		18 CAUSE OF DEATH (Ente	er only ane cause per line far to	ai, (bi, and ichi			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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s that the death of ed by the offendi please remove cor riol, cremotion, or		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	ONSEQUENCE OF	AN ANIANIOSCIAN	ROSIS	46AA S
the low require ton.  The short seen sign to be the	CERTIFICATION		196. CONDITION FO	R WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?   20b. IF YES   NO ER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YESNO
NG PHYSICIAN: The oftending physician (fer this certificate has the buriol-transit front hand Mental Hygien orked or frem 18 sho		On COLUMNIA CALLES	F DEATH HOUR A.M. MO		AR	JRRED (ENTER NATURE OF INJURY IN ITEM T	(8 PART   ORPART 2}
HYS of his of hi	MEDICAL	214 INJURY OCCURRED	71e PLACE OF INJUR		216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ING Ph r often after th as the lith and	2	AT WORK NOT WHILE	)	mi orrice, i anni ere i	11/15	n 10/1	0.1
P S S S S S S S S S S S S S S S S S S S		220 I certify that (1) this h	nospital) attended the decease	19 8	and that in (my) (aur) pinio	in death occurred an the date and h	19, that (1) we lost
R ATTEN hospitol RECTOR hed for of H lem 21 in		abave, (1) (we) (did) (did) (did) (did)	d nat) view the body ofter dec	oth.	DEGREE		77c DATE SIGNED
the Die Trie Die Trie De Trie		In sidney	h. Wille	~ ·	M. D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/2/87
TO HOSPITAL TO FUNERAL should be det with the State	1	MERAL W	1- Williams		770 ADDRESS TO LINE	Ensiry Parkung	BA170 21218
0 f 0 f g g g	730	BURIAL, CREMATION, REMO			CEMETERY OR CREMATORY	73d LOCATION	COUNTY STATE
BP		Buria1	10/05/87	Wester	n Cemetery	Baltimore	Maryland
DHMH - 16 60M 7/B4 (VRA 15, 4)	1	LeRoy M. & Rus 630 Edmondson	ssell C. Witzko Ave. Catonsvi	e Funera 11e MD 2	Homes	T 05 1987	ISTRAR'S SIGNATURE

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			FOR - STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAN EALTH AND MI ICATE OF DE	ENTAL HYGI	ENE /	2 8	2 5	3
67	8 4 A OCT -	47	GEASED NAME	FIRST		MIDDLE		AST O		20. DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR
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	recto urs o		Female		White		2	4	95	72	YRS		
	7 20 H	7a B	IRTHPLACE (STATE OR FO	REIGN		WHAT COUNTRY?	8. MARRIE	D NEVER MA	ARRIED -	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	de de de	_	Maryland		U.S.A		WIDOWE		ORCED [	Baltimore			MD.
201	Softer of the so		Towson		Meridia	HOSPITAL, NURSING HEACILITY, GIVE STREET NURSING	g Cen	ter-Vall	ey Vie	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O W Housewil	EWORKING LIFE)	2b. KIND OF ENDUSTRY	BUSINESS OR
21	Hour Hour	13a.	AL RESIDENCE (# NURSIP STATE	IB COUN	OTHER INSTITUTION ITY	GIVE RESIDENCE BEFORE		13d. INSIDE CITY	Y LIMITS?	13e STREET ADDRESS	ZIP CODE		
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RYL	1 12/1/	14. F.	ATHER'S NAME FIRST	A	MIDDLE	LAST		15. MOTHER'S A		WIDDIE		LAST	
WA			Martin		avid	Lau			ttie			Moor	e.
IMORE	on ond c		WAS DECEASED EVER II YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	218-22-9		Mr. Ant	hony S	aladino, 27 Ba	ss 708 Moor altimore	gate R	load 21222
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SNC	o o o o		Section 1	77(77)		R AS A COASEQUE	ENCE ØF	0	10	. 0	1	2	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	The low ricion.	CERTIFICATION	190. DATE OF OPERATI	ON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	MED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	G CAUSES O	S USED F DEATH?
I OF VIT	PHYSICIAN ending physic this certificate buriol-trans d Mental Hyg		210, ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEAT			AY YEAR	21¢ HOW INJU	JRY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART ?)	
IVISION	of PHYS of the this of the but hand Medar I	MEDICAL	21d INJURY OCCURRE		21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
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	Spite CTO CTO il for of h		saw the deceased obove, (1) (we) (di			ofter deoth.	, ar	id that in (my) (a	our) opinion de	eath occurred on the do	te and hour on	d Irom the co	uses stoted
	AL OR A the ho (AL DIRE) detoched ote Dept.		27b. SIGNATURE	m	m	ers.		DEGREE ATI	TENDING TYSICIAN	MEDICAL STAF	F IAN 🗌	22c. DATE SIG	2P7
	TO HOSPITAL etoined by 11 TO FUNERAL should be det with the Store		SPA C	ME ITYPE OR	PRINT;		`av	77. ADDRESS		nton St.	2122	4	
	F 6 - 2 2 2 1		BURIAL, CREMATION, R	EMOVAL	236 DATE			EMETERY OR CR		23d LOCATION	100	UNTY	STATE
	BP		Burial		10-5-8	7 Ho]	LLy Hi	ll Mem.		Baltimore			Md".
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	(VRA 15, 4)		3021 Easte	rn Av	renue I	Baltimore	Mdol	21224	1 00	6 1987	Gulia d	widon-	(andall

4112 Old Columbia Pike Ellicott City

STATE OF MARYLAND

STATE OF MARYLAND

0 6 7 4 2 2 OCT		FOR ATE EGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H IFICATE OF DEATH	REG. NO.	2 8 2 6 1
+ so to be t		OR PRINT) DOPO	THY V		OUSSEAU OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	ONTH DAY YEAR 26. HOUR  OI, 1987  M  DAY) IFUNDER I YEAR IFUNDER 24 HRS
Specificación de	7- 01	FEMALE RTHPLACE (STATE OR FOREIGN	WHITE	E MO	PAR. 03, 190	9 BALTIMORE CITY OR	YRS COUNTY OF DEATH
0 135	3	ALTO. MD.	U.S. A	7. MARR	VED NEVER MARRIED VED DIVORCED	BALTO	7. CO. MD.
120/190	X	10WSON		AL, NURSING HOME	PUXTON	12a. USTAL OCCUPATION (TYPE OF WORK FOR MOST OF W ADV. OF	
(D)5	130.3	AL RESIDENCE (IF NURSING HOME OF STATE 13b, COULT 15b,	TO CO. 136. C	ARKVILLE	13d. INSIDE CITY LIMITS	2916 MA	INNS AVE 2123
	14 F/	JOHN	MIDDLE WI	LKINSON	15. MOTHER'S MAIDEN PIRST	NAME	SHIELDS
MORE.		VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166 SO	16-01-399	17 INFORMANT	AMILY 6	DECONDS
T., BALT tricore to physicia moval.	1	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE)	nly ane cause profits D BY: TE CAUSE (a)	ule I	neumon	ia Al	MAN CHANGE STORY AND DEATH
stons started on the care carbo on, or re carbo on, or re carbo on, or re carbo on, or re	13	Canditions, if any, which	DUE 13	E Chip	nic Fstru	ctive king &	is done and.
but the o		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR	orgesti	veheart to	arliere to	ascup.
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A RECO	TIFICATION	190. DATE OF OPERATION	196 CONDITION F	OR WHICH OPERAT	ON WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAMY?
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A DREEL PERT IN BEEN AND A PERT IN BREEN A PERT IN BREEN AND A PERT IN BREEN AND A PERT IN BREEN AND A PER		22b. SIGNATURE	Facek	no	DEGREE ATTENDING PHYSICIAN	G MEDICAL STAFF DIRECTOR PHYSICIA	10-03-198
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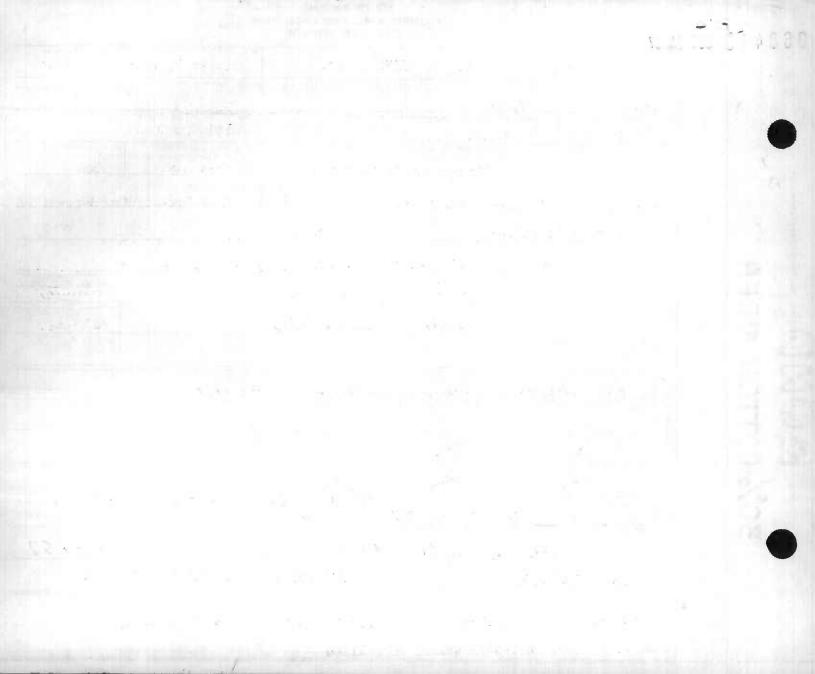
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8286 OCT 1	B 87	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		28	26	2
oge 3	1. DE	CEASED NAME FIRST	MIDDLE	VDZEWSKI	REG. NO	AONTH DAY	- '	7:25 A.M
ofter p	3. SE		CAUCASIAN	S DATE OF BIRTH  MONTH DAY  2 3 1914	6. AGE (IN YEARS LAST BIRTH		INDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
parol direct	70 B	RTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRYS		BALTIMORE CITY OF	COUNTY OF		M
by the full filled with	10 C	OLTO COUNTY	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET STELLA HARIS	NG HOME OR OTHER INSTITUTION	124 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
AND 2120 n 24 hours filled in b hould be fil	130 M	AL RESIDENCE (IF NURSING HOMEO STATE 136, COU ARYLAND BAL	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	NA 134 INSIDECITY LIMITS?	130 STREET ADDRESS	ITON R	D 21.	227
BALTIMORE, MARYLAND 21201 cole be executed within 24 hours of the second within 24 hours opers. Pages 1 and 2 should be file wol. vol. vi. the medical examples, pages be file.	160.	ATHER'S NAME FIRST  VINCENT WAS DECEASED EVER IN U.S. AF			ME MIDDLE ADDRES	is s	DE	e
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he low recon hos been to permit. I to permit. I come prior ows only it.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICE	OPERATION WAS PERFORMED	200 AUTOPSY?	20h IF YES, W IN CERTIFYIN YES	G CAUSES C	GS USED OF DEATH?
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the offer this certificote has been signed to so the bursol-tronsit permit. Then pleo th and Mental Hygiene prior to bursol, orked or frem. It shows any injury, or corked or frem. It shows any injury, or orked or frem.	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 214. IN JURY OCCURRED	HOUR A.M. MONTH D	21¢ HOW INJURY OCCUR				
00 0 E	ME	WHILE NOT WHILE DAT WORK  220   certify that (1) (this hasp	(AT HOME, STREE), FACTORY, OFFICE,		10 OCTOBER	7 19.	ST, th	state not (1) (we) los
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	E			3. SEX		4-	RACE		S. DATE		6.	AGE (IN YEARS LAST BIR		UNDER I YEAR		ER 24 HRS
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IVISIO	offend	ter this	rkedor	ME	WHILE NOT WE	OILE 🔲			FFICE FARM ETC )	STREET	1 750	CITY OR TO		COUNTY		STATE
۵	N N	R. A	S mo		22s.1 certify that (1)	(this hospital	ottended th	ne deceased f	07		9.8/	. to Octobe		-		(we) lost
	ATTE	OTO P	n 21		sow the deceos above, (I) (we)	did (did not) v	view the body	ofter death.	.19 <u>Q/</u> , c		r) opinion dec	oth occurred on the d	ote and hour o			
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100	10 CI	Y OR TOWN OF DEATH		ME OF HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS OF
5 X		Towson	St.					Νι		gious
-	USUA 13a. S	L RESIDENCE (IF NURSING	G HOME OR OTHER INST	TITUTION GIVE RESIDENCE	BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CO	DE	
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phy n po mov vent			MMEDIATE CAUSE		carny	Failure			4	dep
the attendent corbination corbinates, or remotes, or remotes, or restriction of the corporation of the corpo		Conditions, if any, a gove rise to imme couse (a), stating	which diate the DUE	TO, OR AS A CONS	ar Sta	Pheumin		Ubou	elli s	:
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lept. of Health and Mentol Item 21 is marked at Item	MEDICAL	gove rise to imme couse (0), stoting underlying couse  PART 2 OTHER SIGNIF PART 2  19a DATE OF OPERATIO  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI  (IF EITHER NOTIFY MEDICA AT WORK  21d. INJURY OCCURRE  WHATE AT WORK  22a.1 certify that (1) (the saw the accessed above (1) (Me) (dic 27b. SIGNATURE	Which believe the last.  FICANT CONDITION  FICANT CONDITION  REVING   21b. HC  REVING   21b. HC  REVING   21b. HC  REVING   21c. HC  REVIN	TIME OF INJURY  PLACE OF INJURY  POME STREET, FACTORY, O  anded the deceased for the body after death.  ALL  ALL  BLOOM  TIME OF INJURY  PLACE OF INJURY  HOME STREET, FACTORY, O  anded the deceased for the body after death.  ALL  BLOOM  BLOOM  BLOOM  TIME OF INJURY  PLACE OF INJURY  HOME STREET, FACTORY, O  ALL  BLOOM  BLO	SEQUENCE OF  GIODEATH BUT  THE REPORT OF THE PROPERTY OF THE P	NOT RELATED TO THE TERM  211 LOCATION  STREET  211 LOCATION  STREET  19 87  nd that in my aur) apinian  DEGREE  ATTENDING PHYSICIAN	AINAL DISEASE OR CO  200 AUTOPSY?  YES NO  RED (ENTER NATURE OF IN  CITY OR  death accurred an the	20b. 4F Y IN CERT 18 I	SIVEN IN PART 11.  TES, WERE FIND IT TIFYING CAUSES YES   COUNTY  19  22 COUNTY  22 COUNTY	ongs used of DEATH? NO that that that we like causes stated SIGNED

STATE OF MARYLAND



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ge 4 mo ector. po urs ofter (	3. SE	Femole"	White	S DATE C		6. AGE (IN YEARS LAST BIRT	YRS.	DER I YEAR IF UNDER 24 HRS DAYS HOURS MIN
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(VRA 15, 4)

8728 Liberty Road Randallstown, MD.

[SPECIEY]

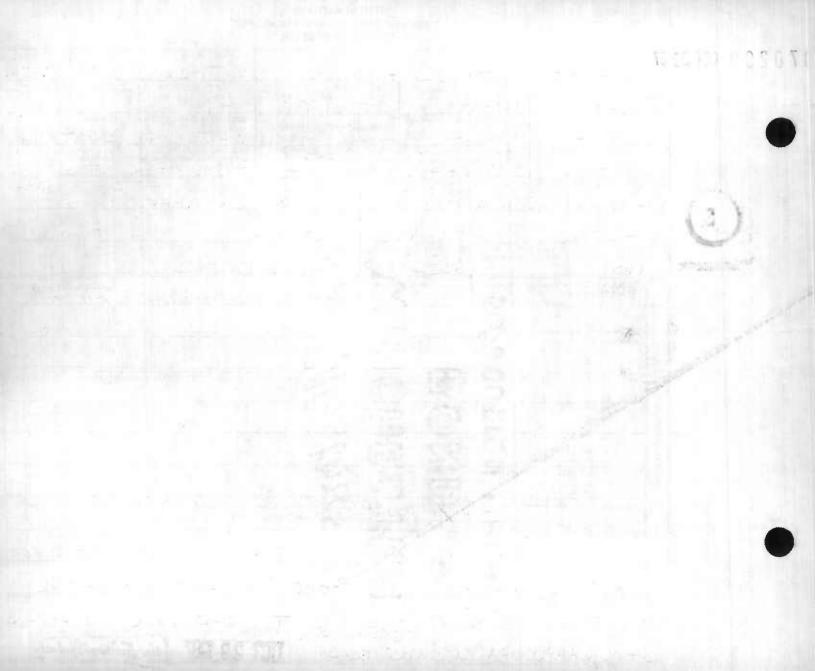
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Mount Olive U.M. Cem 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250 DATE REC'D BY REGISTRAR 250 REGISTRAR SIGNATURE

21133

Randallstown

	U.	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO	28268
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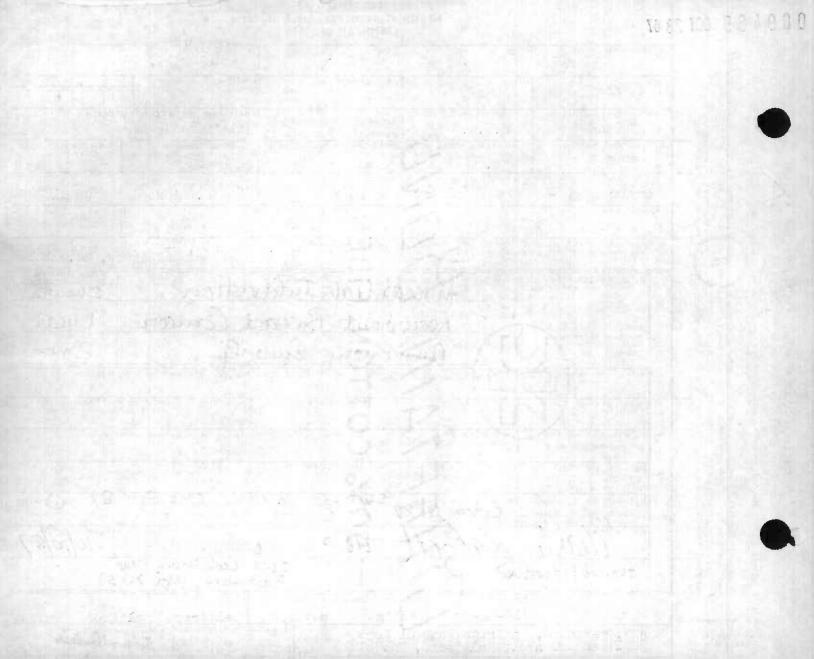


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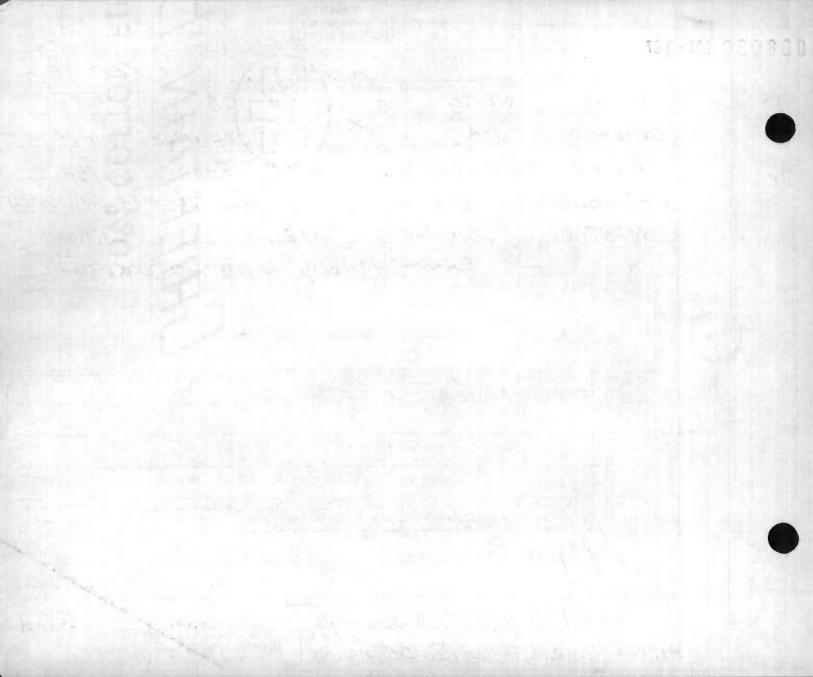
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STATE OF MARYLAND





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AL DR			226. SIGNATURE	m C	DEGREE	ENDING MEDICAL YSICIAN DIRECTOR	STAFF PHYSICIAN T	22c. DATE SIGNED
HOSPITAL med by 1 FUNERAL vid be det or the Store	7		224 PHYSICIAN'S NAME (TYPE		22e. ADDRESS	0 1		170
A DT # DT # OF W	+	3n B	PREADO	B · CONTRA AL 236 DATE 23	NAME OF CEMETERY OF CRE		DALLSTOWN	1 hel. 21/33
BP		B	URIAL	10/6/87 1	1D. Veterans	em. Gari	SON Forest	t Best HD
DHMH - 16 60M 7/ (VRA 15, 4)		HE.	NERAL DIRECTOR  REEW Memoria	OF H	EKTONIT 2120	250 DATE REC'D. BY RE-	GISTRAR 256 REGISTRA	R'S SIGNATURE
(700 13, 4)	Ľ	1-4	200 100 10	" " " " " " " " " " " " " " " " " " " "	EINCICSIDUNIA	001001	101	A. V. Varcetown

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inggan Arawa nenggun sanggala nu sahisu nu sahili. Ngi apanan ngasa sagat

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

D O REGISTRAR		CERTI	ICAIL OI DEATH	REG. N	0.	
I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE		LAST .	20 DATE OF DEATH	MONTH DAY Y	EAR 2b. HOUR
Barba	ra –	SE	ASE	October 4	, 1987	6:15a.m
3. SEX	4. RACE	5 DATE O		6. AGE (IN YEARS LAST BIR		DAYS HOURS MIN
Female	White		ober 19, 1900	86	YRS	
8 SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY2 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEA	TH
Md.	USA	WIDOW		Baltimo	re County	MD
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPAT		IND OF BUSINESS OR
Rossville	Franklin		ospital		t Company	
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION)	1136 INSIDE CITY LIMITS?	13e STREET ADDRESS	1	
Md.		imore	YES 00 NO		view Avenu	e_21206
4 FATHER'S NAME	MIDDLE L	AST	15 MOTHER'S MAIDEN NA	WE		LAST
Elmer	Bernha	_	Berdie			
60 WAS DECEASED EVER IN U.S.		AL SECURITY NO.	17 INFORMANT	ADDR		
(YES, NO OR UNKNOWN)	217-	34-6492	Mr. Howard	r. Sease Sa	ame	
18 CAUSE OF DEATH (Enter	only ane cause per line far (a)	(b), and ici.)			BET	APPROXIMATE INTERVAL
PART I DEATH WAS CAU		nchopneum	nonia			
IMMEDI	Are except to					
	DUE TO, OR AS A CO	NSEQUENCE OF				
Canditions, if any, which	(b)					
gave rise to immediate cause (a), stating the	DUE TO, OR AS A COI	NSEQUENCE OF				
underlying cause last	DOL 10, OR AS A CO.	1320021102 01				
CARTO OTHER SIGNIES AND	T CONDITIONS CONTRIBUTE	NO TO DEATH BUT	T NOT BELATED TO THE TERM	AINIAL DISEASE OR CON	IDITION CIVEN IN BU	APT 1
	COMPINORS COMPRESSION	NO TO DEATH BO	THO RECATED TO THE TERM	MINAL DISEASE ON CON	DI ACIVOIVEIVIIVI	
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F	
<u> </u>				YES NOT	IN CERTIFYING CA	AUSES OF DEATH?
21g. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	-	21¢ HOW INJURY OCCUR			
OR CONTRACTOR CAUCE OF						
(IF EITHER NOTIFY MEDICAL EXAM)  21d INJURY OCCURRED	P.M. 21a PLACE OF INJURY	19	211 LOCATION			
	LAT HOME STREET, FACTORY	OFFICE FARM ETC )	STREET	CITY OR TO	NWC COUR	NTY STATE
AT WORK AT WORK	- Nell attended the decree	Septe	ember 27 10 87	. Octobe	er 4 10 8	7, that ★(we) last
saw the deceased alive	on October 4	87	and that in ( aur) apinian	death occurred on the d	ate and hour and fre	
above, (we) (did) (did)	of view the bady after deat	h	DEGREE		224	DATE SIGNED
220, SIGNATURE	(; )		ATTENDING	MEDICAL STA	AFF	10.21.0n
226 PHYSICIAN'S NAME (114)	S OR PRINT	1	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSI	CIANLA	10-9-11
		C		lin Course	Dia 2122	7
Michael Fu		120		Clin Square	Dr. 2123	1
230 BURIAL, CREMATION, REMOV			CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	
	Oct.6,1987	Parkwo		Baltimo:		aryland
24 FUNERAL DIRECTOR		DDRESS	no	T 05 1087	U. 1 pm 1	-0
Leonard J.	Ruck Inc. Bal	timore,	Maryland   00	1 00 1301	the perden	v. Vergerer

DHMH - 16 60M 7/84 (VRA 15, 4)

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	1 -	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND IEALTH AND MENTAL HYC ICATE OF DEATH	REG. NO	2 8	2 /	1
7059 Nov.	(TYPE	CEASED NAME ORPRINT)	Char	les	NIMO 3	S	heats	20. DATE OF DEATH	10 30	87	11:30am
า กล็วะนิ แกง.	SEE			4 RACE		5. DATE		6 AGE LIN YEARS LAST BIR	(HDAY)	UNDER I YEAR	IF UNDER 24 HRS
ge 4		Male		Whit	:e	July		77	YRS	DATS	HOURS MIN,
1 to 12 35	70. BI	RTHPLACE (STATE OR COUNTRY)  Maryland		76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED	Baltimore City o		DEATH	MD.
10 11 11 1		TOWSON		Greate	r Baltimo	re Me	dical Center	12g USUAL OCCUPATION OF MOST OF Realator	ON	INDUSTRY	Estate
BALTIMORE, MARYLAND 2120 cote be executed within 24 hour visition and completely filled in his opers. Pages 1 draft should be a val. it, the medical examiner must be a it, the medical examiner must be a		AL RESIDENCE (IF NOR STATE  Maryland  ATHER'S NAME	_	other institution	13c. CITY OR TOW  Phoenix		134 INSIDE CITY LIMITS? YES NO D	3600 Blenh		ad 21	1131
MARY mplere		dwin		Jarman	She	eats	Sarah	Louise	Ra	andall	51
MORE, M. sand comp	160 V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS		
IIMORE execution and on a medical or a medical or and on a medical or a medical or a medical or and on a medical or a		NO OF UNKNOWN)			218 28 1	.330	Mrs. Anna Ma	argaret Shea	ts 3600		heim Road
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert rattending physician. ostending physician. As the burnol-transit permit. Then please remove corboi th and Mental Hygiene prior to buriol, cremation, or re- orked or teem 18 shows any injury, or other traumatic e-	NO	Conditions, if any gave rise to im couse (a), stati underlying cous	mediate ng the e lost.	DUE 10, C	espirator or as a conseque cute Pulm ontributing to i	onary		ninal disease or con	DITION GIVEN	IN PART 1:	0
he low re	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, V IN CERTIFYIN YES [	G CAUSES	NGS USED S OF DEATH?
ON OF VITA	MEDICAL CER	216. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED 216. INJURY OCCUP	CAUSE OF DEA	HOUR A	OF INJURY .M. MONTH DA .M. OF INJURY	AY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
DIVISION DING PHY or offendi After this e as the bu oith and M marked or	ME		HILE [		REET FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR TO	wN	COUNTY	STATE
TEND tol oo OR: A		220.1 certify that (I saw the decea abave, (I) (we)	sed alive an	tol) oftended the Octobe	r_3019_		nd that in (my) (aur) apinian	, to October death accurred on the de			that (I) (we) last causes stated
at OR the horal DIRE eraches me Depthe		Phoe 1	N.	TREE	FI, N	D	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAI		10/	SIGNED So/87
TO HOSPIT. TO FUNER by Should be diwith the Str. Myth the Str. Myth The Str.		Phillip			1 D		G.B.M.C.				
Of Odd MA	23a. I	BURIAL, CREMATION				NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
BP	1	Busiayl	116	2 NOV	,87 Du		Valley Ceme.	Timonium		and	STATE
DHMH - 16 60M 7/B4	24 F	The Car	40	mon Dad	lonia & Vo		250 DA	TE REC'D BY REGISTRAR	256 REGISTRA	R'S SIGNAT	TURE

and the

ALC: NO.

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CCO NOV	1.	FOR - STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		2 8 3. NO.	da 1	7
1- ANN 6901		CEASED NAME	FIRST	MIDDLE	į,	AST	20 DATE OF DEA		DAY YEAR	26 HOUR
, oe be	X	E OR PRINT)	ILDRED		5	HIPLEY	X	10	27 87	X320 A
poge 3	3. SE		4 RACE		5. DATE C		6 AGE (IN YEARS LA			IF UNDER 24 HRS
ge 4 n	X	FEMALE	X WHI	ITE	X MONIT	DAY YEAR		YRS		HOURS MIN.
deoth. Po		RITHPLACE (STATE OR FOR COUNTRY)  Tenn.	USA		WIDOWE		□ XOCOCKE XO	exists.	Balto.	MI
by the fr	X	Cockeysvill	e X MAR	4 CAND	MASON	IC HOMES	120 USUAL OCEU (TYPE OF WORK FOR M	OST OF WORKING		BUSINESS OR
filled in	130	Md.	SHOME OR OTHER INSTITUTION 36 COUNTY Balto.	13c CITY OR T	OWN  Mills	13d. INSIDE CITY LIMITS	12319 Gre			21117
ompletely of the state of the s	14 F.	Thomas	MIDDLE	Bac	kus	15 MOTHER'S MAIDEN	MIDE		Litzsi	nger
n and co		WAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)	166 SOCIALS 213-74		Mrs. Jean	Witte, 1231		ngs Mills	
physicial		PART I. DEATH WA	Enter only one couse pe S CAUSED BY: MMEDIATE CAUSE (0)	r line for tal, (b)	and ici i	L 1	rest			ATE INTERVAL USET AND DEATH
ow requires that the dear been signed by the atter mit. Then please remoire prior to burial, crematic any injury, or other train	ATION	Conditions, if only, gove rise to imme couse (a), stating underlying couse  PART 2 OTHER SIGN!	diote the lost DUE TO, C	Denn.	QUENCE OF	NOT RELATED TO THE	TERMINAL DISEASE OR		IVEN IN PART 110	GS LISED
w s b b s s	CERTIFICATION				TOT ENATIO		YES NO	IN CERT	IFYING CAUSES C	NO [
rysician: The	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH HOUR A	.M. MONTH	DAY YEAR		CURRED (ENTER NATURE O	INJURY IN ITEM 18	PART   OR PART 2)	
on Offer this so the builth and M	MED	214 INJURY OCCURRE	CAT HOME ST	OF INJURY TREET, FACTORY, OFF	ICE, FARM ETC )	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
FOR OR		220.1 certify until 1	slive an	/		nd that in (my) (our) opi	nion death accurred on t	he dote and ha		not (II (we) lo ouses stoted
the horner of the horner of the Director of the Depth in If their if their or the Depth in If their or the Depth in It the		224 SENATURE	1 06			DEGREE ATTENDIN PHYSICIA	NG MEDICAL DIRECTOR PE	STAFF HYSICIAN []	10-8	19-87
TO HOSPITAL TO FUNERAL should be det with the Stote		EN PAYSICIANS WAN	AE (TYPE OR PRINT)	42		27e ADDRESS				
2 2 2 3 3 7		BURIAL, CREMATION, R			731 NAME OF	EMETERY OR CREMATO	ORY 23d LOCATION		COUNTY	STATE
BP		Buria1	10/3	<b>D</b> /87	Druid	Ridge	Pikesy	ille	Balto	Md
DHMH - 16 60M 7/84		UNERAL DIRECTOR		ADDRE			NOV 3 198	RAR 250 REGIS	Dunder R	RELACE
(VRA 15, 4)	Mi	tchell-Wied	efeld Home,	Inc.,	6500 Yo	rk Rd.	1404 0 190	- 4		

Value and Garage VI

MON 3 1881 - Triangles

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

REGISTRAR			CEKIIF	ICAIE OF	DEATH	R	EG. NO.				
I DECEASED NAME FIRST		WIDDLE	· ·	ASI		20. DATE OF DE		H DAY	YEAR	26 HOU	R
(TYPE OR PRINT)	arie	Elizabeth	Sh	orb			10	16	87		M
3 SEX	4 RACE		5 DATE C	OF BIRTH		6. AGE (IN YEARS		) IF U	NDER I YEAR		24 HRS
Female	White		12	3 DAY	1922	64		YRS.	IHS DAYS	HOURS	MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	a la Neves	MARRIED -	9 BALTIMORE			DEATH		
Maryland	U.S.A		WIDOWE		DIVORCED [	Balti	more (	County	v		MD.
10 CITY OR TOWN OF DEATH	11, NAME OF	HOSPITAL, NURSIN	G HOME C			120 USUAL OCC	UPATION	ī		OF BUSINE	
Parkville		Bon Air R				Retire		KING LIFE]		ical	
USUAL RESIDENCE (IF NURSING HON			ADMISSION)	A 124 SAICIDE	CITY LIMITS?	13e STREET ADD	מול / מפכ	CODE			
	alte.	Parkvil		YES [	NO X	8121			. 21	234	
14 FATHER'S NAME	a de la constante de la consta			15. MOTHER	S MAIDEN NA	ME					
Elmer	WIDDIE	Coll	ins		Elizabe		DDIE	Di	iefer	bauch	n
160 WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU			ence J.		address ame a				
No No	S GIVE WAR OR DATES!	217-12-0	106	Clar	ence J.	21101.0	ballie a	.5 1/13			
18 CAUSE OF DEATH (Ente	only one couse pe	r line for (b), and	die .	1	)	1		I	BETWEEN	XIMATE INTER	DEATH
PART I. DEATH WAS CA	USED BY DIATE CAUSE (a)	Caul	copu	lman	and /	Ty see					
WWW.		OR AS A COMMEOUS	Aire de	1.	0	1	2		HILL		
Conditions, if any, which		or as a conscool	Le MA	10 /	anuce	who (	ce yeu	re'			
gave rise to immediate cause (a), stating this	,	OR AS A CONSEQUE	ENICE OF								
underlying couse last		OR AS A CONSCOOL	INCE OF								
PART 2 OTHER SIGNIFICA		ONTRIBUTING TO E	DE ATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEASE OF	RCONDITIO	N GIVEN	IN PART 1	10	
19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING											
M 190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPS		. IF YES, WI			
Ē						YES NO		YES [	]	NO [	
210. ACCIDENT WAS UNDERLYING		OF INJURY	AY YEAR	21c HOW I	NJURY OCCUR	RED (ENTER NATURE	OF INJURY IN I	IEM 18 PART I	OR PART 2)		
OR CONTRIBUTING CAUSE O	DEATH	.M. MONTH DA	19								
OR CONTRIBUTING CAUSE OF THE PROPERTY OF THE P	21e PLACE	OF INJURY		21f LOCAT		CI	Y OR TOWN		COUNTY		TATE
WHILE NOT WHILE AT WORK	(AT HOME S	THEEL PACIONS, OFFICE P	ARM, ETC. J				0.	n			
220.1 certify that (1) (this	<del>ospitali</del> ottended t	he deceased from_	2.2	1/an	. 19 1	, to	CC	. 19_	31	, that (1) (v	ua) last
saw the deceased alive	d not view the had	atter death	<u>A</u> , a	nd that in (m)	/) ( <del>cortso</del> pinion	death accurred or	the date a	nd hour on	d from the	e couses sta	sted
226 SIGNATURE	M.	aner at an		DEGREE					22c. DAT	SIGNED	
	m				PHYSICIAN A	MEDICAL DIRECTOR []	STAFF		10	-16-	87
220 PHYSICIAN'S NAME (1	YPE OR PRINT)			22e ADDRE		IN SO	- /	R.			
Dr. Myo Than	nt	The state of	1011	9101	BACT	0, MT	1 21	23	7		
23a BURIAL, CREMATION, REMO		23c N	NAME OF C	EMETERY OF	CREMATORY	23d LOCATIO		/	/		
Burial	10/1	9/87 M	orela	nd Mem	. Pk.	Bal	to.	cc	YTMUC	Md	I ATE ●
24 FUNERAL DIRECTOR				21204	250 DAT	E-REC'D. BY REGI	STRAR 256 F	REGISTRAR	'S SIGNA	TURE	

Ruck Towson Funeral Home, Inc. 1050 York Rd.

ia Devilor Radas

DHMH - 16 60M 7/84

IMPORTANT If Hem 21 is

(VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar ren marked or Hem 18 shows א ובי ה אין אין 100 170

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167	732 OCT		STATE					XAMIN				F DEAT		DEC N				
001	132 001	I DE	LASED NAME	FIRST			WIDDLE			LAST			DATE K	REG. NO	_	DAY	YEAR	26. HOUR
	25 8 8 F.	(14t	E OR PRINT)	Abraham					Smi	th		2.50	OF DEATH /	ESII-	10	2	19 87	813
	PLEASE ECTOR. FILES. HOURS	3 SEX	(	RACE	S. DATE OF	FBIRTH	YEAR	6 AGE (IN YE	ARS IF U	NDER 1 YR.	IF UNDER				HINOM	DAY	YEAR	2d HOUR
	SARY, PLEASE I DIRECTOR. YOUR FILES. V 72 HOURS	1	Ale	Black	2	11	1904	83 Y		THS! DAYS	HOURS	MIN, P	RONOUNG DEAD	ED	10	3	19.87	9 0 M
	SEA SE	7a. B	RTHPLACE (ST.	ATE OR	76. CITIZEN	OF WI	AT COUN	TRY?	8 MAR	RIED   NE	VER MARRI	ED XX 9		RE CITY		ITY OF D		
	SAN SA			Va		U S			WIDO	WED	DIVORCE	ED 🗆		imore		nty		MD.
	SHEET STATE	10. C	atonsvi	le le	11. NAME (IF NOT II	OF HOS	PITAL, NUR CILITY, GIVE ST	SING HOM REET ADDRESS)	E, OR OT	HER INSTITU	TION	12a USUA FOR MC	ST OF WORK	ATION (TYPI	E OF WORK		ID OF BU	
2	BO BE	11211	I PESIDENICE	IF IN HURSING HOME O		307 1	Vinte	rs La	ne			Re	etire	d				
21201	SAN SAN	13a. S	TATE	136 COUN		WION, GIV	13c CITY	OR TOWN		13d. INSIDE C	-		T ADDRES					
	444	IA E	Md ATHER'S NAME	1 2	GELLE.		Cat	onsvil	le	YES	NO X	307	Win'	ters	Lane	212	28	
E, MD.	4:164		Spencer		WIDDLE			ith		F	R'S MAIDE	NNAME	MID	DLE			AST	
MON	30×40	16a V	VAS DECEASED	EVER IN U.S. ARA	MED FORCE	5?		I LTI	Y NO.	Ju]				ADDRESS		Ande	rson	
BALTIMORE,	A SERVICE A	(4	ES, NO, OR UNKNOV NO	(IF YES, GIVE	WAR OR DATES)		216	-05-59	95	Edwar	d Smi	th	207	Wint	0.000	200		
	20210		18 CAUSE OF	DEATH (Enter onl	y one couse	per line			-	TEGWAI	Q JIII	<u> </u>		MITT	612 1	API	PROXIMATE	INTERVAL
PRESTON ST	24 HOU TIEM 16 ONG 1 SIENE		PARTIDEA	TH WAS CAUSED  IMMEDIAT	BY: E CAUSE (o	)	f	SCV.	D				1	3		BETW	EEN ONSE	AND DEATH
ESTO	ASIT POST PROVIDE		Condition	of the latest	DUE	TO, OR	AS A CON	SEQUENCE	OF									-y_
9.	MATH NCIL RAN RAN R RE		gove rise	s, if any, which	) (b					VI DI			20.0					
201 W.	XAM XAM XAM N, O		lying cous	stating the <u>under</u> elast.	DUE	TO, OR	AS A CON:	SEQUENCE	OF							18		
	BE EXECUTED WITHIN 24 HOU UDING". IN PENCIL IN ITEM II EDICAL EXAMINER ALONG EDICAL EXAMINE PERM ITH AND MENTAL HYGIENE REMATION, OR REMOVAL		PART 2 OTHER SIG	NIFICANT CONDITIONS	(c		HT NOT PEI AT	EO TO THE SERV	LINAL OLDER	OFFICIAL SECTION	N CHIEN IN A							
RECORDS	出たニノエン	Z				O DENTIL O	OT HOT RECAL	to to the ream	IINAL UISCA	SC OK CONUITIO	N GIFEN IN PAR	1 1 (0)						
	HEAN WELL	CERTIFICATION	19a. DATE OF	OPERATION	19b.	CONDIT	ION FOR V	VHICH OPER	ATION	VAS PERFOR	MED?					20 A	UTOPSY?	
ATIV	SHOUL CHIEF E USED TOF HE	TIFE	1114													Y	ES 🗆	NO
OF.	THE WEN		21s. EXTERNAL UNDERLYING			TIME OF UR A.M.		DAY YEAR	21c F	OW INJURY	OCCURRED	) (ENTER NA	TURE OF INJUR	RY IN ITEM 18 F	PART I OR PA			
NO	FE STATE	MEDICAL	CONTRIBUTIN	G CAUSE OF D	EATH	P.M.		19								-43		163
DIVISION OF VITAL	CER STANK	MED	WHILE		STI		FINJURY DRY, FARM, ET			STREET			CITY OR TOWN	4	co	YINU	70	STATE
	THIS WAR WAR PAG 212		AT WORK	AT WORK	,													
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD OF CHNERAL BE FORWARDED TO THE CHIE OF CHNERAL DIRECTOR: RAGE 3 SHOULD BE US RATER DEPARTMENT OF SAUTIMORE, MARYLAND, 21201 PRIOR TO BURIAL		22a I certify	that I took charge	e of the rem	oins desc	ribedabov	e, held on	Auto	osy .	Inspection	D.	Inquiry	J, on	d in my of	pinion		
	EXAMI CERTIFI JID BE DIRECT WITH		death resulted	from: Noture	ol couses 2	<u>S</u> .	Acqident	LJ, Su	icide	, Homic		Undeter	mined mon	ner,				
	WAY WAY		ACTUAL	Hann 7	(50)	BOY	///			TITLE (S					DATE	10	14/0	,
	SEATH ORE, HE		SIGNATURÉ	£ (6)	V CM	Tell Sq		1 10	^	I.D. DEP	- 14	MEDIC	AL EXAMIN	VER	SIGNE	ED	1110	
	TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE BAUTIMO		EXAMINER'S N (TYPE OR PRIN	T) STON	er Z		संदर्भ	x19 1	40.	ADDRESS_	11	E.	cha	الو چا	0	200	2)	
	PAGE PAGE	23a.Bl	JRIAL, CREMATI	ON, REMOVAL 2	DATE	107		1/		R CREMATO		23d. LOC	TOWN		COU	NTY	STA	TF.
07/84 25M	BP	24 51	JNERAL DIRECT		10/7/	8/	A	rbutus	Men		Park	Arbu						Md
	DHMH - 17			rch F/H	lact /	ADDRESS	llab =	ala //			25a. DATER	EC'D. BY R	EGISTRAR	256 REGIS	STRAR'S S	IGNATU	IRE	
	(VR A15 ME (5))	Wm	· C. Ma	ren r/H	west 2	+300	waba	STI AVE	nue		DOT	06	1007	1	20	70	1 00	

3 SEX	EASED NAME FIRST										
3 SEX			MIDOLE	U	AST		20. DATE OF	DEATH MON	TH DAY	YEAR	26 HOUR
	Lillia	n An	ne	S	mith			10	-7-87		
773		4 RACE		5. DATE O			6 AGE (IN YE	ARS LAST BIRTHDAY		DER I YEAR	IF UNDER 24
-	emale	White	e	2	13	22	65		YRS	HS DATS	HOURS
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	AS DECEASED EVER IN U.S. AR.		166 SOCIAL SECUR	RITY NO.	17 INFORMAN			ADDRESS			
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OCT 2	1 - B 8	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N	0.	1
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L	1.58	Male	4. RACE Caucas.	S. DATE O		6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 VE	
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s any injury, ar ather tros	ICATION	Conditions, if ony, which gove rise to immediate cause to), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEOL  101  CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART  20b. IF YES, WERE FIN IN CERTIFYING CAU	DINGS USED
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PAGE PAGE		Towson		Greater	DSPITAL, NURSING HO FACILITY GIVE, STREET ADDRES BALLIMOTE GIVE RESIDENCE BEFORE ADM	Medic	al Center	Marine En	PATION (TYPE OF WORKING LIFE)	Steel Mfg
AND 3 RETAIL SHOULD SHO	130 S	aryland	Bali	timore	COCKEYSV		13d. INSIDE CITY LIMITS?		iding Dri	ve 21030
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TITHIN 24 HOURS AFTER DEATH. IF CILL IN ITEM 18, GIVE PAGES 1, 2, VER ALONG WITH FORM/PM, 3, ANSIT PERMIT, PAGES 1, AND 25, AL HYGIENE, DIVISION OF VITAL REMOVAL.	160. \	VAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U.S. A	RMED FORCES? VE WAR OR DATES)	086.12.8		17. INFORMANT	Raymond F. Sparks, Ma	Piums 16 ryland 2	334 Yeoko I 1152
DIVISION OF VITAL RECORDS, 201 W. PRESTON S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 IN RITING THE WORD "PENDING" IN PENCIL IN ITEA REDED TO THE CHIEF MEDICAL EXAMINER ALON E. 3 SHOULD BE USED AS A BURIAL - TRANSIT PER EDEPARTMENT OF HEALTH AND MENTAL HYGEIG OI PROR TO BURAL, CREMATION, OR REMOVAL	ATION				N BUT NOT RELATED TO THE T		SE OR CONDITION GIVEN IN P.	ART 1 o.	d	In AUTODOY2
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THE RES	331	7a BIR	RTHPLACE (STATE OR 7)	CITIZEN OF W	HAT COUNTRY? 8 MA	RRIED TY NEVER MA	ARRIED 9 BALTIMORE CITY OF	R COUNTY OF DEATH
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X SACRETON X	53	MECH	/	(IF NOT IN SUCH FA	SPITAL, NURSING HOME, OR C ACILITY, GIVE STREET ADDRESS) TO COUNTY Gener		FOR MOST OF WORKING LIFE)	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
Z1201 ANY D AND 3 RETAIN	35	ISUAI Ia ST	L RESIDENCE (IF IN NUR IN HOME OR O	THER INSTITUTION, GI	13c. CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS	13e STREET ADDRESS	oad 21216
MD. A. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	320	FA	THER'S NAME	AIDDLE	IAST	15. MOTHER'S MA	AIDEN NAME MIDDLE	LAST
A STATE OF S	200		Earl Earl		Purnel1	Esther		Johnson
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o veor	YAL		8/20 IMMEDIATE	CHOSE (0)	AS A CONSEQUENCE OF	25		
HE NES	SEW SEW		Conditions, if ony, which	1				
W. W.	NA SER		gave rise to immediate cause (a) stating the <u>under</u>	DUE TO, OR	AS A CONSEQUENCE OF			
PACE EXCEPT	00 N		ying couse last.	(c)			XV-DX	
RECORDS TO BE EXE PENDING MEDICAL D AS A BU	EWAT		PART 2 OTNER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH	RUT NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN I	N PART 1 (a),	had to the
L REC	至9十	CERTIFICATION	190. DATE OF OPERATION	196. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?		2D AUTOPSY?
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OF V OF V E WO THE C LD BE	MENT TO BU		210 EXTERNAL CAUSE WAS UNDERLYING OR	ADDING OF	FINJURY MONTH DAY YEAR	HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	
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PAY A	#8/		220 I certify that I took charge g	the remains des	1/1	tapsy , Inspec	ction . Inquiry Bala	timore County MC
WE WE	経り		death resulted from: Natora	coup 1	Academ X , Suicide	, Homicide	Undetermined manner ,	
2095	13.1		ACTUAL /	11/1	m	TITLE (SPECIFY)	)	DATE
2172	387		SIGNATURE	1.4	1010	M.D	MEDICAL EXAMINER	SIGNED
TO MEDICAL E EXECUTE THE PAGE 4 SHOUL TO FUNERAL	SE T		EXAMINER'S NAME (TYPE OR PRINT)			ADDRESS		
5275	A 8 3	-	RIAL, CREMATION, REMOVAL 236	DATE	23c NAME OF CEMETER		23d. LÓCATIÓN CITY OR TOWN	COLINEY
07/84 BP		( SP	Burial 1	10/27/87	Baltimore Ceme	tery	Baltimore	COUNTY STATE Md
25M DHMH -			NERAL DIRECTOR			250 0	TE DEC'D BY DECISTOAD THE DECIS	STRAR'S SIGNATURE
(VR AI5 M		Wm.	™C. March F/H West	1300 Wadas	in Avenue	00	1 2 901	

068557 OCT	4	TOR STATE REGISTRAR				MENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH		<b>2</b> 8	27	
nay be page 3 rr death		OR PRINT)	VIAN		inces ST.	CRAI	CLAIR	20 DATE OF DEA	10 11	87	6 40 AM
Sge 4 mo	3 SE	Female		CAUCA		5. DATE C	BIRTH  62 2 4	6. AGE (IN YEARS LI	6/ YRS MC	FUNDER I YEAR	HOURS MIN.
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um 24 ho	130. 3	STATE DENCE (FINAL STATE	Ba 1 t	inore	Towson	/N	13d INSIDE CITY LIMITS? YES NO X		ess / zip code ge Avenue	212	. 04
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BALTIMORE	lba V	VAS DECEASED EVER VES. NO ON NENOWN)		WAR OR DATES)	220-20-	. 1	Nolia Forem			212 04 enue Towson, MD.	
DS, 201 W. PRESTON ST Quality of the state	NO	Canditions, if any gave rise to im- couse (a), stating underlying cause PART 2 OTHER SIGN	, which mediate ng the last.	DUE TO, O	R AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TE				
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O HOSPITAL OR ATTEND etomed by the hospital or TO FUNERAL DIRECTOR: Johould be detoched for use with the Store Dept of Head WAPORTANT: if Herr 21 is many		saw the deceas obove, Frwary  226 SIGNATURE  226 PHYSICIAN'S N.  ESTREUT	olid) (transition)	) view the bady	alter death.		DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  LEVINITANE	MEDICAL	STAFF	22c. DATE	
₽₽		BURIAL, CREMATION,	REMOVAL	Oct 14		,	emetery or cremator d Memorial C	CITY OR TO		MD.	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F		DIPPEL Road	PPEL FUNERAL HOME, INC. 250 DATE REC'D. BY REGISTRAR'S SIGNA						AR'S SIGNAT	URE politic

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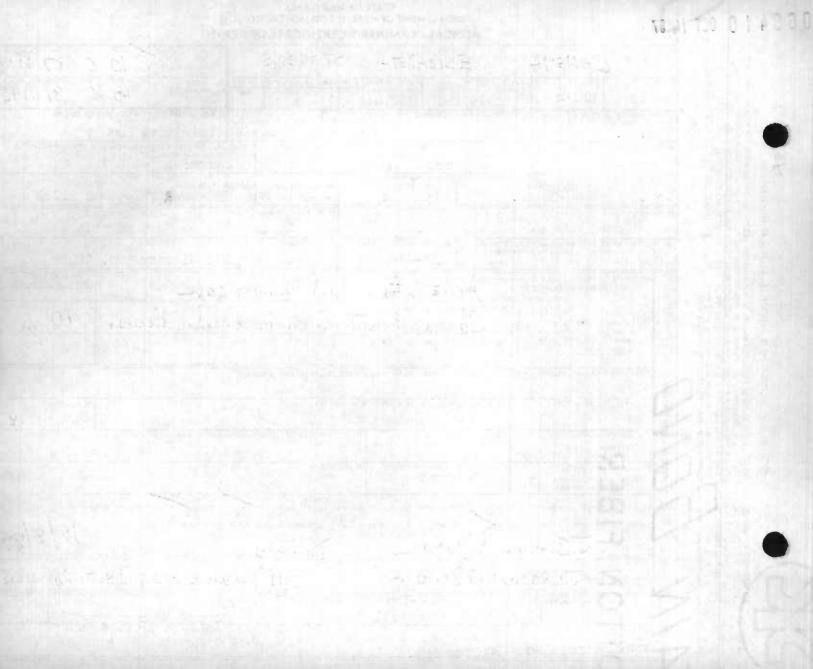
4066	4 NO	/ -L	1 - 87	FOR STATE REGISTRAR				TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO			1 2
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eoth. Po	nerol dir	9	70. BI	RIHPLACE (STATE OR FORE NEW York	IGN ]	VB. CITIZEN OF	what country A	MARRIEI WIDOWE	DE NEVER MARRIED DIVORCED	Baltimore City o		DEATH	MD.
101 s ofter o	by the fu	O Delined	10. C1	TOWSON		(IF NOT IN SUC	HOSPITAL, NURS THE FACILITY, GIVE STRE Marylan	ET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE (Type of work for most of Superviso	WORKING LIFE)	INDUSTRY	BUSINESS OR cal Educa
AND 212	filled in	5	13a S	Md E	COUN'	other institution TY LMore	GIVE RESIDENCE BEFO 13c CITY OR TO Towson	ORE ADMISSION)	YES NO NO	13e.STREET ADDRESS / 13 Maryla:	zip code nd Ave.	212	.04
MARYL ed withi	mpletely 2 s	31	14. FA	THER'S NAME FIRST Victo	or St	teiner	LAST		15. MOTHER'S MAIDEN NAME FIRST 01g	a Hoffman		LAST	
ORE,	nd co	dico		VAS DECEASED EVER IN		AED FORCES?	166. SOCIAL SEC		17 INFORMANT	ADDRE			
LTIM be e	rs. Po	e me					108 12		Mrs. Helen M	. Steiner 1	3 Maryl		
T., BAI	physic on pape emavol.	event, th		18 CAUSE OF DEATH (I PART I. DEATH WAS		y one cause per ) BY: E CAUSE (a)	I'NEU	MON	is		3-13	BETWEENON	ATE INTERVAL ISET AND DEATH
DS, 201 W. PRESTON	signed by the atte hen please remove to burial, cremation	jury, or ather troum	NO.		the last	DUE TO, O	R AS A CONSEO	DEATH BUT	BOULAR ACE		OITION GIVEN	IN PART 1(a)	>
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COR ATTEND	L DIRECTOR A tracked for use e Dept. of Heal	# Nem 21 to m		220.1 certify that (1) (the saw the deceased abave, (1) (we) /did 22b. SIGNATUR				87 , 01	DEGREE  ATTENDING	death occurred on the do		22c. DATE SI	
HOSPITA	O FUNERA hould be de off the Stot	APORTANI APORTANI		S. V. Ve	TYPE OR	-BLEV	R M. J		7215 461		GITME		
2		-		URIAL, CREMATION, REA	MOVAL	236 DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	c	OUNIY	STATE
В	P	-		Cremation		10/30	/87	Green	Mount Cem.	Baltimo	re, Md.		
	H - 16 60M			INERAL DIRECTOR	EDEFI	ET.D HOM	E. INC.	6500		REC'D. BY REGISTRAR		R'S SIGNATU	

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21201	ANY DE AND 3 T RETAIN REGORD B	13a. S	AL RESIDENCE (III	13b COUN' Bal	ROTHER INSTITUTION, G	VE RESIDENCE		2.1)	13d. INSIDE (IT	Y LIMITS?	3e. STREET 18:	ADDRESS 34 PO	tshi	p Ro	pad	21222	2
ORE, MD.	O SOS		Thoma:		WIDDLE	Prou			15 MOTHER	Lydia		MIDDLE		Feas		LAST	
BALTIMORE, MD.	MES AFTER PARMITH FOR IT PAGES I DIVISION (	16a V (YI	ES, NO, OR UNKNOW		WAR OR DATES)	215	-34-84		17. INFORM	el Le	gg 96:		vatt 1	Ave.			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	SHOULD BE EXECUTED WITHIN 24 HOUDD BE WITHIN 24 HOUDD OND "PENDING" IN PENCIL IN ITEM 14 FEMBLES AS A BURIAL TRANSIT PERMIT FOR HEALTH AND MENTAL HYGIENE, URIALL, CREMATION, OR REMOVAL.		gave rise	, if- any, which to immediate tating the <u>under-</u> last.	(b) DUE TO, OR	Mom	C hyposequence of	enten	sire a	ardiv	vase	lar c	liseo	rse		to	11
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VITAL RE		CERTIFICATION	19a DATE OF C				WHICH OPERA	200							Y	UTOPSY?	NO N
SION OF	X H L L S L	MEDICAL CE	210 EXTERNAL UNDERLYING CONTRIBUTION	OR G CAUSE OF E	21b. TIME OF HOUR A.M. DEATH P.M.	. MONTH	19		CATION	OCCURRED	(ENTER NATU	RE OF INJURY IF	4 ITEM 18 PAR	RT I ORPA	RT 2)		
DIVIS	THIS CER WARDED PAGE 3 STATE DEI 21201 PI	MEC	WHILE -	NOT WHILE C		TORY, FARM, E			TREET		cn	Y OR TOWN		COI	UNTY		STATE
•	TO MEDICAL EXAMINER: THIS CERTIFIC EXECUTE THE CERTIFICATE, WRITING THE PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHORT AFTER DEMATH, WITH THE STATE DEPART BACTIMORE, MARYLAND, 21201 PHORE	V. C.	27a I certify death resulted ACTUAL SIGNATURE		e of the remains de- al causes	Accident		Autap	Hamicio	Inspection of the last of the	Undetermi	ned manner		DATE SIGNE		10/9	7/87
	O MEDIC XECUTE A A GE 4 S O FUNE A TTER DE		EXAMINER'S N (TYPE OR PRIN'	)	ESIM O	Devi	nave		ADDRESS 2	cur D	HOUNDA		VF.	BA	丁:	MD	21222
	BP	(5	Buri		36 DATE 1 0/11/87	Ro	sehill		etery	RY So. DATE RE	23d LOCA CITY OR TO Thor C'D. BY REC	nas	Tucke		Vest	Vigir URE	
	(VR A15 ME (5)) 20M 4/B2	C	onnelly	FuneralH	ome 300Ma	ce Av	e. 212	21		OC.	T 13	1987	ina	Duris	lun.	Randas	٠ :



7066	7 N	0V -1	1 87	FOR STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL FICATE OF DEATH		REG. NO.	8 2	7
1000	-			OR BRIDGE	FIRST		AIDDLE		LAST	20	DATE OF DEATH MON		26 HOUR
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e e	1		3. SE	x	4. F	RACE			OF BIRTH		AGE   IN YEARS LAST BIRTHDAY	MONTHS DAY	AR IF UNDER 24 HRS
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eoth. Po	Design of the second	25		RIHPLACE (STATE OR FOR Mary lamd	EIGN 7b	USA	WHAT COUN	TRY? 8 MARRI WIDOW	ED NEVER MARRIED		Baltimore city <u>or</u> co		MD.
01 s offer d	119	10	1	Towson		Pres	byteri	an Home	of Marylan		USUAL OCCUPATION  Practical Nu	RKING LIFE) 126 KIND INDUSTR MEC	of BUSINESS OR
ND 212	Mod II	36	13a	AL RESIDENCE (IF NURSING	HOME OF OTH	ER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION JOWN LMOTE	13d INSIDE CITY LIMIT YES XX NO [		street ADDRESS / ZIP	code d Ave.	21229
Y1A	1	500	14-6	THER'S NAME		93.			15. MOTHER'S MAIDE		Walla		
MAR W P	ond	3//	/	French McCa	rty Ga	artrel:	1. LAST		FIRST Ma	rgare	et Jane Town	send	LAST
RE, I	OG	00 //	160.	VAS DECEASED EVER IN			16b SOCIAL	SECURITY NO.	17 INFORMANT		ADDRESS		
e ex	Pog	B		NO OR UNKNOWN)	IF YES, GIVE WA	AR OR DATES)	216-1	4-3677	Sue Duel,	Pres	sbyterian Ho	ome of Md	
RDS_201 W. PRESTON ST	Then please remove corbor in a burnel, or res	inury, or other froumotic ev	NOI	Conditions, if only, w gove rise to immed couse (o), stoting underlying couse	liote the lost.	DUE TO, OF	RAS A CONS PAS A CONS	EOUENCE OF	ed Anten	LOSE	COLA - VE CLUA  (CROSIS  AL DISEASE OR CONDITION	41	110
( 1 j	hos bee t permit	1	CERTIFICATION	190 DATE OF OPERATIO	И	196 CONDI	TION FOR W	HICH OPERATE	ON WAS PERFORMED			IF YES, WERE FINE CERTIFYING CAUS YES	
I OF VIT	arthcate relitions implifys	9		21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEATH	21b. TIME O HOUR A./	M. MONTH	DAY YEAR	21c HOW INJURY OC	CCURRED	(ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 2	21
JUNISION AG PHYS Ortendia	her this or is the build have	orked or	MEDICAL	21d INJURY OCCURRED  WHILE ON THE AT WORK		21e PLACE ( {AT HOME, STR		FICE, FARM ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TIENDIA PART PART PART PART PART PART PART PAR	for white	21 11 110		22a 1 certify that (I) (He saw the deceased above, (I) (we) (did				-	and that in (my) (o <del>or)</del> op	oinion deor	, to OEF 27 th occurred on the dote o	nd hour and from t	-, that (I) (we)-last he couses stated
by the hor	ERAL DIRECTOR de detros Dept.	ANT. I Bear		22b. SIGNATURE	Den	1	1 m	P	DEGREE ATTENDIT PHYSICIA 220 ADDRESS	NG A	MEDICAL STAFF DIRECTOR PHYSICIAN	1,0	TE SIGNED . 28-87
O HOS	TO FUN should b	MPORT.		Sidne	y J. \	/enable	e, Jr.		7215 Yorl		Baltimore	, Md. 21	.212
200			23a.	BURIAL, CREMATION, RE Burial		3b. DATE	- 11		CEMETERY OR CREMATO	ORY	Sunshine, M	ontromam	CO SIAIF
BP.				JNERAL DIRECTOR		10/30			uxent	e DATE PE	C'D. BY REGISTRAR 256 F		
	- 16 60M 'RA 15, 4			tchell-Wied	efeld	Home,	Inc.	Balto.,	OTH MA	VOV	3 1987 Au	Dender-K	andres.

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	1.	FOR STATE REGISTRAR			DEP	ARTMENT	STATE OF MARYLAN OF HEALTH AND MI RTIFICATE OF DE	NTAL HYG	REG. N	2 8	2 7	3
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ORE, M.		WAS DECEASED EVER			166 SOCIAL	SECURITY	NO. 17 INFORMAN		ADDR			
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Tr., BALT		18 CAUSE OF DEATH	1 (Enter or	nly one couse per	r line for (o), (b	o, ond ic					APPRO) BETWEEN	ONSET AND DEATH
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W. I by th se re crer		underlying couse	g the lost		C.O.P.D		OF				10	
S, 201 uires # igned   en pled buriol	7	PART 2 OTHER SIGN	IIFIC ANT				BUT NOT RELATED TO	O THE TERMI	NAL DISEASE OR CON	DITION GIVEN	10 y	ears
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours in ratending physician.  When this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pagas 1 and 2 kinhold be file than and Mental Hygiene prior to buriol, cremotion, or removal.  The angle shows any injury, or other traumatic event, the medical exactly permits be had acked or them.	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WI	HICH OPER	RATION WAS PERFORM	MED	20a AUTOPSY?	20b. IF YES, IN CERTIFY!	WERE FINDI	NGS USED 5 OF DEATH?
SION OF VITAL R. PHYSICIAN: The In this certificate has te buriol-transit per ad Menial Hygiene d or firm 18 shows		21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	HOUR A.		DAY	ZIC HOW INJU	IRY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	TIORPART?)	
IVISION  G PHYS  outending  rer this co  s the burn  and Me	MEDICAL	21d. INJURY OCCURR	ED	21e PLACE		FICE, FARM E	211 LOCATION		CITY OR IC	wN	COUNTY	STATE
TTENDIN priol or TOR. Afr for use a of Health		22a I certify that (1) sow the decease gbave, (1) (we) (d	(this hospi	October	deceased fr	om_0ct	ober 	19	, to <u>Octobe</u> eath accurred on the d	r 23, 19	87 and from the	that (I) (we) last
ITAL OR A by the hos RAL DIREC detoched fote Dept		SIGNATURE	170	Tenten	La	was.	DE GREE		MEDICAL STA		22c. DATE	
TO HOSPITAL ( TO FUNERAL I should be deto with the Store I		Myrton (	Gaine	s,M.D.			G.B.M			26.15		
BP	23a. 6	BURIAL, CREMATION, I SPECIFY) Entombment	REMOVAL	23b. DATE 10/27			of CEMETERY OR CRI		23d LOCATION CITY OF TOWN Baltim	ore, M	COUNTY	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR  ITCHELL-WI	EDEFE	ELD HOME	, INC.	ESS	00 York Rd.	25a DATE		25 REGISTRA	R'S SIGNA	WRE-

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nay be page 3 death	I. DE	CEASED NAME FIRST OR PRINT)	MIDDLE	57	RAND	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR 10 28 89 45 50 MM
4 mai	3 SE	nale	B/ACK	S DATE MONT	OF BIRTH H DAY YEAR 13 20	6 AGE (IN YEARS LAST BIR	HUNDER I YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS
1 1 35		M D	US A	MARRI		Baltim	DR COUNTY OF DEATH
· 1190	K	EISTERSTOWN	11. NAME OF HOSPITAL,	VS 9 140	ME	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	DE MONKING LIFET INDUSTRY
1000	13a_	AL RESIDENCE (IF MURSING HOME O	NTY 13c. CITY O	CE BEFORE ADMISSION	YES NO NO		isterstown Rd
130		THER'S NAME FIRST WG/ter	Stra	and	15 MOTHER'S MAIDEN NO.	MIDDLE	Black burn
TIMORE IN THE PROPERTY OF THE		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCI.	B4541	Margaret	Williams	122 N. Caroline S.
		IE CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA	nly ane cause per line to part ED BY .TE CAUSE (0)		arrest	Λ.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Minuto
S, 201 W. PRESTON equires that the dead equires that the dead hydraus embow carb Soural, criemation, o equiry, or other than		Conditions, if any, which gave rise to immediate cause (a), stofting the underlying cause last  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  CONDITIONS CONTRIBUTION	NSEQUENCE OF	Live C	Wilses	DITION GIVEN IN PART 1(0)
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DIVISION PROFILE THE THE THE THE THE THE THE THE THE TH	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY		211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
A ATTES PECTOR for use 1, of New 21 is			16 6	19 87		death occurred on the d	ate and hour and from the causes stated
PITAL DI ty the ha ERAL DII e detache State Dep		226 SIGNATURE	Villian	- 1	ATTENDING PHYSICIAN 220 ADDRES	MEDICAL STA	FF CIAN D 10 48-87
TO HOSPIT PETAINED IN TO FUNER Whould be de with the Sa MPORTAN		O.E. 199	Welliam	514.8	11904 Kes	tester 4	1 Regeleston Rd. 2/13
BP	23a	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	11/2/87		CEMETERY OR CREMATORY	ARK DUNDALK.	COUNTY STATE MD
DHMH-16 25M (VRA 15, 4) 1/79		INERAL DIRECTOR		DRESS	25a. DA		White Deviden London

8728 Liberty Road Randallstown Maryland 21133

(VRA 15, 4)

STATE OF MARYLAND

Asset & Company of the Company of th

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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (aur) apinian death accurred an the date and hour and I iam the causes stated 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHY TICTARY'S NAME 11979 OF HOST 22e ADDRESS should be with the S IMPORTA Timothy Bessent, M.D. St. Joseph Hospital - Osler Dr. - 21204 23a. BURIAL, CREMATION, REMOVAL 23h. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE COUNTY Burial Holy Redeemer Cem. 10-10-87 Balto. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 21214 DHMH - 16 60M 7/B4 Leonard J. Ruck, Inc. Baltimore, Maryland Dundamo (VRA 15, 4)

STATE OF MARYLAND

26 HOUR

126. KIND OF BUSINESS OR

21206

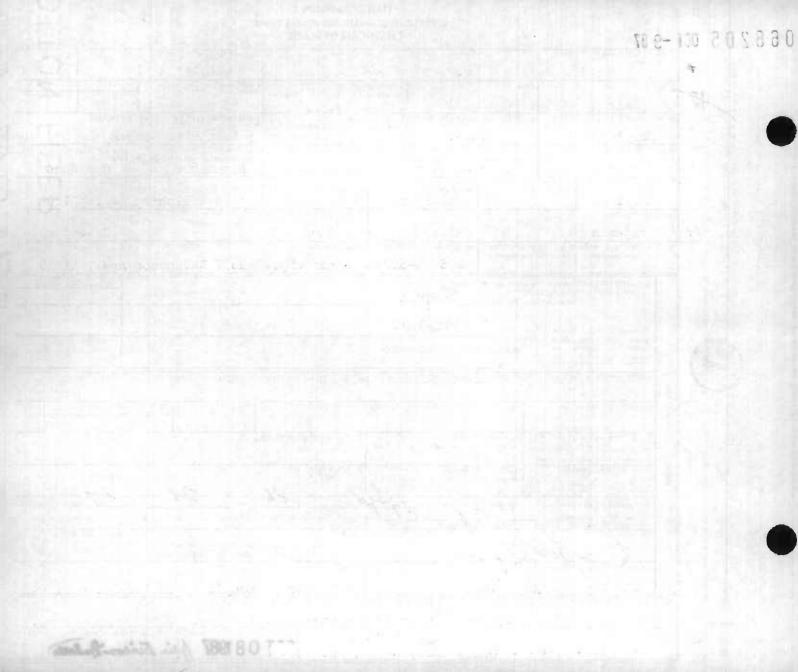
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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67	OCT I	4 87	1-	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL HYG	REG. N	2 0	d 9	7
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Pog	hour	O'man prom		RTHPLACE (STATE OF FOREIG	N 76 CITIZEN	OF WHAT COUN	ITDV2 9	XX NEVER MARRIED	9. BALTIMORE CITY		FDEATH	
eath.	nerol 72	2 /	M.	ASSACHUSETTS	U.S	S.A.	WIDOWE		BALTIMORE	COUNTY	7	M
s ofter d	by the fur			TY OR TOWN OF DEATH		OF HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION OF WORKING LIFE)	126. KIND C INDUSTRY	E BLISINESS OF
n 24 hour	filled in rould be f	35	13a S M	AL RESIDENCE (IF NURSING HOSTATE ARYLAND BA	OME OF OTHER INSTITUTION OF THE COUNTY ALTIMORE		SVILLE	13d INSIDE CITY LIMITS?	130.STREET APPRESS	1 <b>1</b> NGW50	DD ROA	D 21228
ed within	ompletely 2 st	SO	14. F/	THER'S NAME HERONIM	WIDDLE	KUN	ÅSZKO	BRONISL	AWA		RZYCH <sup>LAS</sup>	ΣŢ
xecuted	ges 1	ledico	16a. V	VAS DECEASED EVER IN U.	S. ARMED FORCE		SECURITY NO.	17 INFORMANT	ADDR			113
9	Poges	E J	N	0		032-0	9-4495	J. NOEL SUI	T SAME A	S # 13	1	
e 0	sicio ipers	t, the		18 CAUSE OF DEATH (En	ter only one cous	per line for ja), (	by and ici.i				BETWEEN	MATE INTERVAL
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90	arbi	ofic			DUE TO	O, OR AS A COINS	SEQUENCE OF	2 1			2	
deot	ove o	E-30		Conditions, if ony, whi	ch ( ()	) 130	wil alest	certion from	comes		0	Tuo
hot the	by the cose remo	r other tr		gove rise to immedia couse (a), stating t underlying couse la	he DUETO	O, OR AS A SON	SEQUENCE OF	n emer			18	710
equires	Then ple to burio	injury, or	N O	PART 2 OTHER SIGNIFIC	ANT CONDITION	S CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 1	D'
he law r	hos bee t permit	huo 5mo	CERTIFICATION	190. DATE OF OPERATION	. 19b. CC	ONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFY II YES		OF DEATH?
CIAN. T	s certificate burial-transi Mental Hygi	tem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOU	AE OF INJURY R. A.M. MONTH P.M.	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	ARY IN ITEM TO PART	I I OR PART 2)	
HYS	his of Me	5	MEDICAL	21d INJURY OCCURRED		ACE OF INJURY	SELICE EARM ETC 1	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
ING P	s the	rked	2	WHILE NOT WHILE		L. STREET, PACTORT, O	FFICE, FARM, ETC. J	1	/			
9 6	se o	8		22a.1 certify that (I) (this	hospital) attende	d the deceased f		1/11 , 19.86			87	that (I) (we) lo
TTEN	for u	21.5	103	sow the decepsed of obove, (I) (we)(did)(i	ve on	/ /	19 87.0	nd that in (my) (our) opinion	death occurred on the d	lote and hour a	ind from the	couses stoted
OR A bos	hed ept.	E		226 SIGNATURE	//	ody oner deom.		DEGREE		SH P	22c. DATE	SIGNED
	4 60 (1)	**		Chillen	· Clibal	enfect)	m	ATTENDING PHYSICIAN	MEDICAL STA		10,	19/8 7
by by	FUNERAL uld be dete	Z T		22d PHYSICIAN'S NAME	(TYPE OR PRINT)	0		22e ADDRESS	Z DALECTON EL TITLO		1	1
	should b	MPORTANT		WILLIAM WAT	ERFIELD	M.D.		900 CATON A	VENUE TOWN	FR RID	BATTT	MODE N
O e	5 % 3	<u> </u>	230	BURIAL, CREMATION, REM			23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	יתיות איר	DWPII	HUNE.
BP_			130	URIAL			CRESTI			rtsvilli	E M	ARYLAND
			24 E	INERAL DIRECTOR	110/.	12/87	OKHOIL	260 844	E RACT BYANGERAR	de de cista	Bredheyna	main
	16 60M		LE	RUYMM. & RUS	SELL C.	WITZKE AF	UNERAL I	HOMES P.A. OCT	13 1987	()		777
(VI	RA 15, 4)		10	30_EDMONDSON	AVENUE,	CATONSVI	LLE, MD.	21228				

STATE OF MARYLAND

(VRA 15, 4)

STATE OF MARYLAND

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796500	+3	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	8 0 0
, ,		DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ge 3		DOMEN	IICA	TAMBURRINO	OCTOBER 7, 1	987 0530
moy pod		SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS A
ge 4		Female	White	Oct. 11, 1894	92 YRS.	
Po Po	20	O. BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
heath	11	Italy	U.S.A.	WIDOWED DIVORCED		unty,
within		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS
by t	18	21204	1554 Doxbur	y Road 21204	Homemaker .	Home
hou din	1	JOUAL RESIDENCE (IF NURSING HOME 30 STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFO		13e.STREET ADDRESS / ZIP COD	DF.
filled filled ould	2		Itimore 212		1554 Doxbury	
rithur stely 2 st		FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	MIDDLE	LAST
and and	31	Peter	Di Roc		MIDDE	D'Antonio
xecut nd co ges ì		WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEG	CURITY NO. 17 INFORMANT	ADDRESS	
n and co	71	No No	214-62	-8938 Mary Tamb	urrino 1554 Do	xbury Rd. 2
rtificate by physicia an papers. emaval.		18 CAUSE OF DEATH (Enter	only one cause per line tes (a), (b),			APPROXIMATE INTERVA BETWEEN ONSET AND DE
phy npa mov		PART I. DEATH WAS CAU	SED BY: IATE CAUSE (0) Phlu	monia		3 das
	- 1	IMMED	DUE TO, OR AS ACONSEO			
attendin nave carb atian, ar i	- 1	Conditions, if any, which	AV a	ation		3days
he o emo emo		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEO	HENCE OF		
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signed hen ple ta buria			T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION G	IVEN IN PART 11a
been been prior te any in		190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATHS
The licion.	2					ES NO
Z & G O T W		210 ACCIDENT WAS UNDERLYING		DAY YEAR 214 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM TO	PART 1 OR PART 2}
SICIA ng pl certifi riol-tr ental	4	OR CONTRIBUTING CAUSE OF	DEATH	19		
his c bur d Me	/	(IF EITHER, NOTIFY MEDICAL EXAMI	21e PLACE OF INJURY	211 LOCATION	CITY OF TOWN	COUNTY STAT
otte otte s the		WHILE NOT WHILE AT WORK	ALTONE, SIRCEL PACTORY, OPPIC	1		
ADIN or or o		22a I certify that (I) (this ho	spital) attended the deceased from	fully 198	t	, 1987 , that (I) (we
TTEN priod For u		sow the deceased alive	not view the body after death.	and that in (my) (our) apinio	in death accurred an the date and ha	iur and fram the causes state
hos hos hed ept.	18.	22k SIGNATURE	Za lil a	DEGREE		220 DATE SIGNED
Y the XAL D detoc detoc Tote D		/10	ery (un)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10.7.8
SPIT SPIT SPIT SPIT SPIT SPIT SPIT SPIT	1	224-PHYSICIANIS NAME AVE	E OR PRINT)	22e ADDRESS	C)	
retained by TO FUNERA should be de with the Stot		Joseph W.	Zebley , M.D.	0-296-42	00	
- 0 0 0 - 4	7			NAME OF CEMETERY OR CREMATOR		
Sp S		30 BURIAL, CREMATION, REMOV				
		BURIAL, CREMATION, REMOV			CITY OF TOWN	RE CO. MD
BP		BURIAL  4 FUNERAL DIRECTOR		LANEY VALLEY ME	M.GAR. BALTIMO	RE CO MD

OCT OT

## CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH (TYPE OR PRINTS LLOYD Η. TAYLOR. October 5, 1987 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY Male White January 31, 1895 TO BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. Baltimore County elaware WIDOWED DIVORCED | O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Salesman -Sterling Supply Co. Manor Care Ruxton Nursing Home Towson USUAL RESIDENCE IN NURSING DME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONA COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13. SIREEI ADDRESS / ZIP CODE 8705 S. Tamiami Trail 35248 Florida Sarasota Sarasota YES 🗍 NO IX FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Maggie Harry Т. Taylor ADDRESS Monkton, Md. 21111 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT I YES, NO OR UNKNOWN WW T 179-03-0410 Elizabeth T. Littleton-2710 Monkton Rd. Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: AS CAUSED BY: IMMEDIATE CAUSE (a) Arterio sclerotic Cerebocuscular Discose DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19e DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e, PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE AT WORK 220.1 certify that (1) this haspital) sow the receased olive on above (I) (we) (did) (bid not view the bady after death and that if (my) aur) apinion death occurred an the date and hour and fram the causes stated 226. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

22e ADDRESS

DHMH - 16 60M 7/B4 (VRA 15. 4)

230 BURIAL, CREMATION, REMOVAL

10 - 7 - 87Westview Crematory Cremation 24 FUNERAL DIRECTOR 1050 York Rd. Ruck Towson Funeral Home, The Towson, Md. 21204

236. DATE

7600 Osler Dr., Towson, Md. 21204 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Balto.

22c DATE SIGNED

6:10 Dm

26 KIND OF BUSINESS OR

Holland

PULTY

20b. IF YES, WERE FINDINGS USED

COUNTY

STATE

IN CERTIFYING CAUSES OF DEATH?

Acceptance of the but wealth Whent

SECTION THREE TORKS

	I	tem 14 Film G6:	33 11-3-87		OF MARYLAND		
69728 OCT 2	87	STATE per fuencal REGISTRAR	l home SB DE		EALTH AND MENTAL HYG CATE OF DEATH	REG. N	28303
oy be deoth		CEASED NAME FIRST BERTH	Bertha Ka	therine	Thiell	10-Z	MONTH DAY YEAR 26 HOUR 530 M
ge 4 moy ector, por	3. SE	× Female	4 RACE White	S DATE O	ember 22,1898	& AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
Poorth. Poorth	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUL	MARRIEL WIDOWE	NEVER MARRIED DIVORCED	Baltimore city o	COUNTY OF DEATH  MD
s ofter d		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Stella Mar	E STREET ADORESS)		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Secretary	ON 126. KIND OF BUSINESS OR
MARYLAND 2120 ed within 24 hours mineral life in the	₩SU 13e	AL RESIDENCE (IF NURSING HOME C STATE 135, COU	OR OTHER INSTITUTION GIVE RESIDENCE	R TOWN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	21204 Janey Valley Rd.
MARYLL STATES	14. F	ATHER'S NAME FIRST Emil		merichs nerich	15. MOTHER'S MAIDEN NA FIRST  Anna	ME MIDDLE Barbar	a Pfeifer
IMORE,		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	1 SECURITY NO. 34-8869A	Shirley T. I	Hoeflich, 13	408 Manor Rd. 2101  APPROXIMATE INTERVAL  BETWEEN ONSET JAND DEATH
101 W PRESTON ST., E is that the death certificated by the attending phyphose remotion, or remove, or condent, or other troumotic event.		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON  (b) CONG  DUE TO, OR AS A CON  (c) GENER	ISEQUENCE OF ESTIVE ISEQUENCE OF PALIZED		URE ROTIC CARDIO	MSCALAR DISEASE
RECORDS,	CERTIFICATION	MULT 190 DATE OF OPERATION		DEMEN	TIA	200 AUTOPSY?  YES NO	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
NG PHYSICIAN: The ottending physicion the net has certificate hos the borol-transit pront had mental Hygier orkedog them 8 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18. PART 1 OR PART ?)
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ATTENIOS PITCH OSPITCH		220.1 certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did n 22b. SIGNATURE			d that in (my) (our) opinion	death occurred on the d	ote and hour and from the causes stated
0 . 0 . 5	A	Calla X	1. Cleran	deil	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	
TO HOSPITAL retoined by the TO FUNERAL with the Store with the Store IMPORTANT: F	72-	CARLA BURIAL CREMATION, REMOVA	4. ALEXAN		STELL EMETERY OR CREMATORY	1234 LOCATION	S .
BP		Burial	10/23/87		's Luth.Ch.C	Cem. Sweet	
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F	Martin D. La	wson, 10 W.	Padonia	45	23 1987	25b REGISTRAR'S SIGNATURE

9222 0012	21 8	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENP /	2 8 3	0 4
	1	DEC	CEASED NAME FIRST OR PRINT) TA METICE	,	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
noy be poge 3		11111	JAMES	E	•	THO	IPSON		10 15 87	22:50 M
moy er d		3. SE)	(	4 RACE		5. DATE C		6 AGE (IN YEARS LAST B	IRTHDAY) IF UNDER LYEA	
D & Bo			Male	White		MONTH 6	15 09	78	YRS.	5 HOURS MIN.
Pog dire	/		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMORE CITY	OR COUNTY OF DEATH	
oth.	5		Kentucky	USA		WIDOWE	D NEVER MARRIED	Baltimor	o Country	MD
with fune	0 //		TY OR TOWN OF DEATH	11. NAME OF		IG HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPA	TION 128. KIND	OF BUSINESS OR
+ + P (4	1	1	Baltimore		HEACILITY, GIVE STREET	_		(TYPE OF WORK FOR MOST		
21201 hours of d in by	8 -		AL RESIDENCE (IF NURSING HOME OF TATE 138, COU	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	and the second	Chemical		tired
filled wild b	356						13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		1043
ithin tely fi			Md. Rowa	ra	Ellicott	CILY	15. MOTHER'S MAIDEN NA	18042 01d	Montgomery F	Rd.
ARY With	6 3	)	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST
completed in a complete in a c	-	160.34	William  AS DECEASED EVER IN U.S. AF	B.	Thomp		17 INFORMANT	ADD	Wel	ch
	of M		ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES						
ALL A SE	E		No		412-01-	5617	Alice Rose	8042 Old M	ontgomery Ro	21043
BAL	÷.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per						OXIMATE INTERVAL IN ONSET AND DEATH
E E	ven			TE CAUSE (O)	DLMONE	rry	+ AM303	CUNGELTION	1 TEVERE	
s the	njury, or oth	No	underlying couse lost PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO		NOT RELATED TO THE TER		<u> </u>	lio
IL RECORI	ows ony in	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY2	200. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED
PHYSICIAN: The ending physicion this certificate the buriol-tronsit de mental Hygie	or Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I ORPART 2	1
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00 4 90	ê e		220.1 certify that (1) (this hosp	ital) ottended th	e deceased from		. 19	, to	. 19	, that (I) (we) los
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ST., BALT errificate b g physicia oan popers. remayal.	18 CAUSE OF DEATH IEnter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CARDIOGENIC SHOCK  MAYS	=
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AL OR AT The hosp	276 SIGNATURE DEGREE  ATTENDING MEDICAL STAFF  197. DATE SIGNED  197. CAT 87	
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TO HOSPITAL Oretoined by the TO FUNERAL D should be detor with the Stote D IMPORTANT: If	4	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	de,	ATTENDING PHYSICIAN ( 220 ADDRESS	MEDICAL STAF	IAN [ /2	<u> </u>
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DHMH - 16 50M 1/81 (VRA 15, 4)	24 FI	JNERAL DIRECTOR 301	Frederick Roa	d 2	1228 250 DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNAT	URE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😂 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 20 DATE OF DEATH YEAR 2h HOUR Matthew (TYPE OR PRINT) W. Turner 10 198 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS YEAR MONTH DAY Male 13 1925 Black 62 YRS BIRTHPLACE (STATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY Maryland WIDOWED DIVORCED [ Baltimore County 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

L. S. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Catonsville Saint Agnes Hospital Motor Vehicle Operator SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13g STATE 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? 104 Winters Lane Marvland Catonsville 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Matthew Turner Helen Harris 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 21228 (IF YES GIVE WAR OR DATES) 220-14-1292 Yes Sara Turner 104 Winters Lane Catonsville IL CAUSE OF DEATH Enter only one color per line to PART I DEATH WAS CAUSED BY IMMEDIATE CAUSEA Canditions, if any, which gave rise to immediate couse (0), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY AT HOME STREET FACTORY OFFICE, FARM ETC ! NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased for saw the deceased alive an\_ and that in (my) (our opinion death accurred on the date and hour and from the causes stated above, (1) (we) (that) (did not) view the bady after death. 22b. SIGNATURE DEGREE 22L DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b. DATE 234 LOCATION COUNTY Arbutus Memorial Park Arbutus 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR DHMH - 16 60M 7/84 Baltimore, MD (VRA 15, 4) Nutter Funeral Homes, Inc. 2501 Gwynns Falls Pkwy

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH DECEASED NAME FIRST 2h HOUR Elizabeth Mary VAN AELST Oct. 4 RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX YEAR Female White 12 Feb. 09 TO BIRTHPLACE ISTATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Baltimore County DIVORCED WIDOWED IO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 2119 Gavlawn Drive Lansdowne Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Lansdowne 2119 Gaylawn Drive, 21227 Baltimore NO X Maryland 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST MIDDLE 1.651 MIDDLE John unknown Hamer 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LYES NO OR UNKNOWN 217-58-0652 Jonnie VanAelst, 7722 Notley Road No APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY Vascular Cerebral IMMEDIATE CAUSE (0) Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO Y YES [ 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER! P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR LOWN COUNTY AT HOME STREET FACTORY OFFICE FARM ETC } 220.1 certify that (1) (this hospital) oftended the deceased from, sow the deceased alive an and that in (my) (per) apinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Shaw 5800 Edmondson Avenue 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Lorraine Park Cemetery Wood lawn Baltimore Md. 10/16/87

STATE OF MARYLAND

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

24 FUNERAL DIRECTOR

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10/28/87

Mitchell-Wiedefeld Home. Inc.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

Mt. Calvary

ADDRES Balto., Md. 21212

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

MONTH

10

26 HOUR

17h KIND OF BUSINESS OR

IF LINDER 24 MRS

87

DAYS

IF UNDER I YEAR

INDUSTRY

21043 12256 CARROLL MILL RD Gagnotist 21131 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ COUNTY STATE 22c DATE SIGNED Manchester, Hillsborough N.H.

DHMH - 16 50M 4/83 (VRA 15, 4)

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24 FUNERAL DIRECTOR

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		SEP SEP	Z)	FICA	9-18-			TON FOR WHICH OPER				21	D AUTOPSY?
	FVII	NOR NOR	BO	ERTI	21a EXTERNA		21h TIME OF	ture Left H	Tale HOW		Ned  D LENTER NATURE OF INJURY IN ITEA	10040110000101	YES NO DE
	DIVISION OF VITAL	THE WORD "PE O THE CHIEF A SOULD BE USED A			UNDERLYING	and the same of th	HOUR A.M	9-17 19 8			in hallway at		- h - m -
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	VIG	WRITI WARDE AGE 3	2	ME	WHILE AT WORK	NOT WHILE AT WORK	Dulane	y/TowsonN.H	STRE	ET	Towson	Balto.	
		ATE, ORV	AND,		22a I certify	that I taak char	ge af the remains des	cribed above, held an	Autopsy	, Inspection	Inquiry .	and in my apinia	n
		MAN BE B	32		death resulte	d from: Natu	rol couses ,	Accident Su	cide,	Homicide	Undetermined manner	].	
1		A SES	NA NA		ACTUAL	Peli	a. P. I	Dela	01	Piges Brecher	1	/	16
		SHE SHE	KE,		SIGNATURE	MINI	illo	Swonn	A A	gour	MEDICAL EXAMINER	DATE SIGNED_	0/0/87
		TO MEDICAL EX. EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, W	<b>E</b>		EXAMINER'S N	AME Charl	es F. O'D	onnell	100	DRESS 790	1 York Road21	204	
		TO MEE EXECUT PAGE 4 TO FUN	BA	23a.Bl	JRIAL, CREMAT	ON, REMOVAL		23c. NAME OF CEA			123d LOCATION		
		BP			Burial		10-13-87	Dulaney			Lutherville	Baltimor	re Maryland
		DHMH - 17		24. FU	INERAL DIRECT		ADDRESS			250. DATE R	EC'D. BY REGISTRAR 236 RI	EGISTRAR'S SIGN	IATURE
		(VR A15 ME (5	5)}	Mit	chell-	Wiedefel	d Home 65	00 York Roa	d 2121	L2 nr	1 4 1987	Mindren.	Randallo
		20111 7/ 02											

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STATE OF MARYLAND

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## FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	87 REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	- The state of the			
	DECEASED NAME ANNA	MARIE	WALTER	20 DATE OF DEATH MONTH DA	4120			
13	FEMALE	4 RACE WHITE	5. DATE OF BIRTH 02 06 DAY 1922 AR		UNDERTYEAR IF UNDER 24 HRS			
	BIRTHPLACE ESTATE OR FOREIGN MARYALND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH				
	ROSEDALE	7906 SUDAKDATE	NG HOME OR OTHER INSTITUTION  AAVE 21237	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST DE WORKING (HE) HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY HOME			
	USUAL RESIDENCE (IF NURSING HOME 136 CO)  MD 136 STATE  BAI		VN 1136 INSIDE CITY LIMITS?	13eSTREET ADDRESS / ZIP CODE 7906 OAKDALE	AVE 21237			
	4 FATHER'S NAME WILLIAM	THOMAS	ELSIE		ITTLË			
	60 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECTION		WALTER SR 7906				
	PART I. DEATH WAS CAUS	only one cause per line for (a), (b), on SED BY: ATE CAUSE (b)	estive Heart	Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost		ENCE OF Cardio	011-0				
		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN	N IN PART 110			
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFYI YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH?			
1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E LIFETIMER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T ) OR PART ?}			

211 LOCATION STREET 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY AT HOME STREET, FACTORY OFFICE FARM, ETC | CITY OR TOWN NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on Office of aboye, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN

COUNTY STATE MD

22c. DATE SIGNED

STATE

BURTAI

MEMORIAL

23b. DATE

HARFORD

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	IGIENE 8 7	28313
9389 OCT 22	87-	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	4,
	1. DEG	CEASED NAME FIRST OR PRINT!	ICA MIDDLE R	WAST TISP	20. DATE OF DEATH MON	ITH DAY YEAR 26. HOUR
may be page 3 er death	3 SEX	VEICE/V	ACE -	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	y) IF UNDER I YEAR IF UNDER 24 HRS
rector.	1	FEMALE	WHITE	10-05-1907	-80-	YRS. MONTHS DAYS HOURS MIN.
oth. Po erol dir 72 hou		RTHPLACE (STATE OR FOREIGN 76 (OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		DUNTY OF DEATH
offer de	10 C1	1010001	NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	126 KIND OF BUSINESS OR PKING LIFE) INDUSTRY
d in by the be filed with	USU	AL RESIDENCE (IF NURSING HOME OR OTH	S7. 305E ER INSTITUTION, GIVE RESIDENCE BEFOR	ADMISSION)	TELEPHONE	E OVERATOR
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ompletely fiffee and 3 should examine mus	14. FA	THER'S NAME	DIE Mast	15. MOTHER'S MAIDEN N	AME	NEDITA
0		VAS DECEASED EVER IN U.S. ARMED		PRITY NO. 17 INFORMANT	ADDRESS	OBRIEN
on and co		(IF YES, GIVE WA	214-18-	5603 -1	Amily K	ECORDS-
ng physicial banpapers: removal.		18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B' IMMEDIATE C	Y: ACITO	10110 00 00 00	INFARCTI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
orbio orbito		MMEDIATE	DUE TO, OR AS A CONSEQU	ENCE OF	04 7 =	
the attendin remove carb emotion, or er traumatic	100	Conditions, if any, which gove rise to immediate		NARY ARTE	RY DISEA	SE
by the case red as a red a		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c) ARTERIS	SCLEROTIC CARI	DIOVASCULAR D	iseas 3
signed the ple to burio	N	PART 2 OTHER SIGNIFICANT CON	HYPERTEN	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	ON GIVEN IN PART 110
out of o	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20	b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH?
	ERTII	710, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN	YES NO I
HYSICIAN: I'm riding physicic nis certificate burial-transt   Mental Hygie or frem 18 sha		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D	AY YEAR 19		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NDING Pollor offer the use as the Health and is marked		22a.1 certify that (1) this haspital)	attended the deceased from	7-17, 19 7	8_, to_ 8-2	0 19 8 7 that (11) we) lost
Spite CTO CTO I for of I		saw the deceased alive on above, (1) (we) (did) (did not) vi	ew the bady after death		n death occurred on the date o	and hour and from the causes stated
O HOSPITAL OR A roined by the hosy O FUNERAL DIRECTORING THE STORE DEPT APORTANT: If hem	h	276. SIGNATURE Kan	amochdowshi	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-21-194)
L See P		224 PHYSICIAN'S NAME (TYPE OR PRI	CUSC HANGEY	V 220 ADDRESS	PORD CARE	SIST PAITO MI
retained TO FUN should by with the IMPORT	136	URIAL SPEMATION, REMOVAL- 12	36. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	E/, 12140.111
BP		BURIAL	10-22-1989 1	HEKWOOD CEM	· PAREVILL	6 BALTO.CO.M.
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FL	WANS CHAPEL	of memor	2185	ATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
		41110-	0, 11,0 19		10.	

STATE OF MARYLAND

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	or. p		3. SE	A 4	* RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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	and and	2		MACYLAND	U.S. A.	WIDOWED	DIVORCED [	DAIT mos	e COUNTYMD
	O 2 E	0	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	NG HOME OR OTHER IN	NSTITUTION I	20 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
	the state of	-	1	3 - 1 / -	IF NOT IN SUCH FACILITY, GIVE STRE	T ADDRESS)		TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY
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7	ithi 2 s	u de	14 FA	THER'S NAME		15. MOTHE	R'S MAIDEN NAME		
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S.	y pu	ico		(AS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC	URITY NO. 17 INFOR	MANT	ADDRESS	
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B A	4 500	7		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly ane cause per line far (a) (b), a	nd ic	H 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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.2	E (22)	<i>.</i>	_	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO THE TERMIN	IAL DISEASE OR CONDITION	GIVEN IN PART Has
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Ĭ.	34 444	7 (4		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR			
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DIVISION OF	A D T W	8	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCA		CITY OR TOWN	COUNTY STATE
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	世界 日本	-		saw the deceased alive an	19	, and that in (m	ny) (🕶 ) apinian de	ath accurred an the date and l	haur and fram the causes stated
	A S PE	É		22b SIGNATURE	t) view the body after death.	DEGREE			22c DATE SIGNED
	8 . E 5 6	ž.	10	TO A	1		ATTENDING	MEDICAL STAFF	INC DATE SIGNED
	4 414	20		J. Clothein C	HONOUT	M.D.	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/20/87
	FUNER THE SIGNER	4		22d. PHYSICIAN'S NAME (TYPE O	DE PRINT)	22e. ADDR			
	PE SON	×		J. CROSSAN 1	DONOVAN	12 115	Auridany	Aust RAIT A	10 2
	O+ O#	A PORT		1. CLOSSWA	30000	4112	DUNDALK	ME OFFER	10. 2124
	関係を表示。	5	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY O	RCREMATORY	23d. LOCATION	
	BP		(	SPECIFY) BULLING	17-111 50	11 11 . 11 11	1 4 .	CITY OR TOWN	COUNTY STATE
	BP	-		DUITAI	10 7-1-811	70114 14,11		1.	LAITO CTY MU
	DHMH - 16 60M	7/B4		INERAL DIRECTOR	1001	7/ 1	25a. DATE	REC'D. BY REGISTRAR 256 REC	ISTRAR'S SIGNATURE
	(VRA 15, 4)		M	MIC. Brown	120k WADDRES	orth Ave	DOT	2 8 1007	a Dandon-Kandall
	-, -,						7551	- 1001	

STATE OF MARYLAND 068053 OCT - 8 87 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME MIDDLE 2a DATE OF DEATH (TYPE OR PRINT) Vernon Oscar Warner Oct. 5, 1987 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE LINYEARS LAST BIRTHDAY) IF UNDER I YEAR Male White 3, 1912 EAR 70. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balto. Co. Md. USA Baltimore Co. WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 6 WOTT AVE STREET ADDRESS) INDUSTRY Reisterstown Retired Schmidt Bakers Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MARYLAND 2 Balto. 13e.STREET ADDRESS / ZIP CODE 6 Wolf Ave. 2 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Md. Reisterstown NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 01 Tver MIDDLE Darcie Warner Benson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-03-1306 Mrs. Dorothy B. Warner Reisterstown, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)
PART I. DEATH WAS CAUSED BY: NTE RESPIRATORY FAILURE PRESTON ST. IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF EMPH Conditions, if ony, which gove rise to immediate couse (o), stoting the 3 HBP underlying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY ? IL HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! P.M MEDICA 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY T WORK NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from, 00 saw the deceased alive an. and that in (my) (ever) apinion death occurred on the date and haur and from the causes stated abave, (1) (and ) (and not) view the bady after death. 22b. SIGNATUR DEGREE 22c. DATE & IGNE should be detach ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 3125 BAGO, BWD. FINKSBURG, TOD

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNE FUNE FUNE A Home

23a. BURIAL, CREMATION, REMOVAL

Burial

|SPECIFY)

236 DATE

10/7/87

231. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.

Pikesville, Md.

STATE

2h HOUR

7;08

IF LINDER 24 HRS

Reisterstown, Md. 21136 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE dia Divideon Randalle

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

10 W. Padonia Road Martin D. Lawson

10-12-87

23b. DATE

23a BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

230 NAME OF CEMETERY OR CREMATORY

Riverside Cemetery

23d LOCATION

CITY OR FOWN

Orono

COUNTY Maine

STATE

068411 OCT 1	4 87	FOR STATE REGISTRAR		DEPARTM	ENT OF H	EALTH AND MENTAL HYG CATE OF DEATH	IENE REG. NO	2 0	J 6	3
oth oth		CEASED NAME FIRST Kathle		Lee	Wai	igh	20 DATE OF DEATH A		987	26 HOUR
Page 4 may be director, page 3 hours offer death	3 SE	× Female	4. RACE White		5 DATE O	F BIRTH 14°1939EAR	4 AGE (IN YEARS LAST BIRTH		IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
ofter death the funeral d within 72		IRTHPLACE (STATE OR FOREIGN COUNTRY)  CONN. ITY OR TOWN OF DEATH  ESSEX		DSPITAL, NURSING	WIDOWE	DO DIVORCED DE ROTHER INSTITUTION	BAltimore County			MD. BUSINESS OR
NND 2120	USU 130.	AL RESIDENCE (IF NURSING HOME OR STATE Md. 136 COUN	OTHER INSTITUTION, G		(DMISSION)	134 INSIDE CITY LIMITS? YES NO FIX	130 STREET ADDRESS  2 Mars Roa	ad	21221	
BALTIMORE, MARYLAND 21201  cote be executed within 24 hours or ysicion and completely filled in by opers. Poges I and 2 should be file yol.  11, the medical exeminer may be not the medical exeminer.	16a.	Albert L		Frye  Social Secur  212-36-6		IS. MOTHER'S MAIDEN NAV	Lucille ADDRES	<u>e</u>	Jerol in	0
s that the death certific ed by the ottending pholeose remove carbon price, cremation, or remo		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR (b)  DUE TO, OR (c)  DUE TO, OR (c)	AS A CONSEQUEN	NCE OF	0	INAL DISEASE OR COND	S DITION GIV		AATE INTERVAL INSET AND DEATH
L RECORDS, 5  The low require on the spermit. Then the spermit is then the spermit of the specific of	CERTIFICATION	190. DATE OF OPERATION	196. CONDITI	ION FOR WHICH C	PERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
SION OF VITAL PHYSICIAN: The ending physicio this certificate h be buriol-tronsit and Mental Hygies d on teen	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEALER NOTIFY MEDICAL EXAMINES 216. INJURY OCCURRED	HOUR A.M P.M 21e. PLACE O	. MONTH DAY	Y YEAR 19	216 HOW INJURY OCCUR!	RED (ENTER NATURE OF INJUR		COUNTY	STATE
TENDI or use or use of Heol	2	WHILE AT WORK  220.1 certify that (1) (this hospi sow the deceased alive an	tol) ottended the	deceased from		d that in (my) (our) opinion	to			that (I) (we) lost
O HOSPITAL OR AT etonied by the hosp TO FUNERAL DIREC should be detoched 4 with the Store Dept in	1	774 SIGNATURE  724. PHYSICIAN'S NAME (TYPE O	nie		a	ATTENDING PHYSICIAN 5	MEDICAL STAF	FIR	PUX	IGNED
TO HO TO FU Should with the	230	BURIAL, CREMATION, REMOVAL	23b. DATE		AME OF CI	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	-00-	COUNTY	STATE
BP DHMH - 16 50M 1/B1 (VRA 15, 4)		Cremation UNERAL DIRECTOR NAME CONTROLL OF THE PROPERTY OF THE	10/12	ADDRESS			E REC'D. BY REGISTRAR	256. REGIST		
		Connelly Funera	I Home 3	00 Mace A	ve.	21221 1061	1 3 1987 1		THE KAN	News,

	1.	FOR STATE REGISTRAR				ARTMENT OF	E OF MARYLAND LEALTH AND MENT, LICATE OF DEAT		NE REG. N	28	0 %	0
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Son the fu	7	ITY OR TOWN OF DEA	TH 11.	(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION		TYPE OF WORK FOR MOST C Retired -	F WORKING LIFE	INDUSTRY	BUSINESS OR
Id be f	13a :	AL RESIDENCE (IF NURSI STATE Md.		LTO	134. CITY OR White	BEFORE ADMISSION	13d. INSIDE CITY LIA		Se.STREET ADDRESS		WHITE'S Y BEA	MARSH
12 8Z	14 F	John	MIDI	DIE	LAST		15 MOTHER'S MAID	DEN NAME	MIDDLE ROSE	I	ochner	21162
Popul Popul		VAS DECEASED EVER I YES, NO OR UNKNOWN) YES	U.S. ARMEI		166 SOCIAL	U-J756	17 INFORMANT Stella W	eathe	ADDRE	SS		h Road
in signed by the ottending at Then please remove corbons is to buriol, cremation, or rema- injury, or other froumatic	NOI	Conditions, if any, gove rise to imm cause (a), stating underlying cause	which ediate the last.	DUE TO, OR  (b)  DUE TO, OR  (c)	R AS A CONS	EQUENCE OF	nic he	eart_	Di Seeu		N IN PART 11a	
nsit permit.	CERTIFICATION	196 DATE OF OPERAT	ION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	)	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	GS USED OF DEATH? NO
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ate Dept of Health a VI: If them 21 is mark			(this haspital) d alive an id) (did not) vi	iew the body	alter death		DEGREE ATTENE	apinion dec	ta on the do	ate and hour	and from the co	
TO FUNERAL should be determined with the State IMPORTANT: It	230.1	22d PHYRICIAN'S NA  (M)  BURIAL, CREMATION, F	KHZ		)	73, NAME OF	22e ADDRESS	ATORY	1234 LOCATION			
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AH - 16 60M 7/B4 (VRA 15, 4)		onnellyFun	eralHor	me 3001	MaceAve	e. 2122		25° OCT	28 1987	galia D	AR'S SIGNATU	RE

000705		FOR	DEI		OF MARYLAND	uvalue /	283	6. 1
069795 OCT	27	STATE REGISTRAR	DE		CATE OF DEATH			
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9 P	(TYP	OP PRINTS	RLEV RUTH	170		TO DATE OF DEATH		28 1100K
oy be	3. SE		1. RACE	WEI	WSTOCK	- LACE MANAGEMENT	10 20	
Poge 4 m director, phours offer		EMALE	HITE	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAS	BIRTHDAY)	DAYS HOURS AINL
deoth. Re deoth. Re grand di	7a. B	COUNTARY AND	76. CITIZEN OF WHAT COUR	MARRIED WIDOWE	NEVER MARRIED	0 11	MONE COUNTY OF DE	ath mo
softer of the filed with	R	andul Stand	11. NAME OF HOSPITAL, N PIF NOT IN SUCH FACILITY, GIVE	STREET ADORESS	General	HOUSEWIFE	ATION ST OF WORKING LIFE)	AT NOME
BALTIMORE, MARYLAND 2120 ote be executed within 24 hours sistion and completely filled in by spers. Pages 1 and 8 should be file vol. r, the medical example multile of	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE NTY 130. CITY OF	I MWQTS	130 INSIDE CITY LIMI			Rsul 21133
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MORE, M.		VAS DECEASED EVER IN U.S. AR		SECURITY NO.	17. INFORMANT	WILLIAM WEÎN	STOCK	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low require that the seeth cert oftending physicion. Ifter this certificate has been signed by the cut inding post the buriol-tronsit permit. The please entering corbon though Americal Hygiene prior to the ord.	NOI	PART 2. OTHER SIGNIFICANT		G TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR CO	ONDITION GIVEN IN	PART No
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ON OF VIII HYSICIAN: ding physis is certificat buriol-tron Mental Hys	MEDICAL O	OR CONTRIBUTING CAUSE OF DE	P.M.	1979 To	N	K		
DIVISION DING PHY or ottendi After this se os the bu morked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTOR)	Fide (MESE)	211 LOCATION STREET	CITY O	NOWN CO	UNTY STATE
O O O E		22a.1 certify that (1) this hospi	ital) attended the deceased t	rom	9 2 19	10 LD	no 19 8	T, thora (we) lost
ATTEN Sspital ECTOR: d for us m 21 is		sow the deceased alive on	1), view the body ofter death.	19 87, on	d that in (my) (our) op	pinion death occurred on the	dotand hour and fr	
te p h		27b. SIGNATURE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	REE		22	C DATE SIGNED
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Of of w ₹	23a E	BURIAL, CREMATION, REMOVAL		23c. NAME OF CE	METERY OR CREMAT	DRY THE OCATION	1	(+ +
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DHMH - 16 50M 1/B1	24 Ft	INERAL DIRECTORSOL LEV		, INC.	25	DATE REC'D BY REGISTR	AR 256 REGISTRAR'S	IGNATURE
(VRA 15, 4)	6	010 REISTERSTON	WN RD. BALTÔ	"MD	21215	101 20 1901	Julia Demilion	n-Kandalla

STATE OF MARYLAND

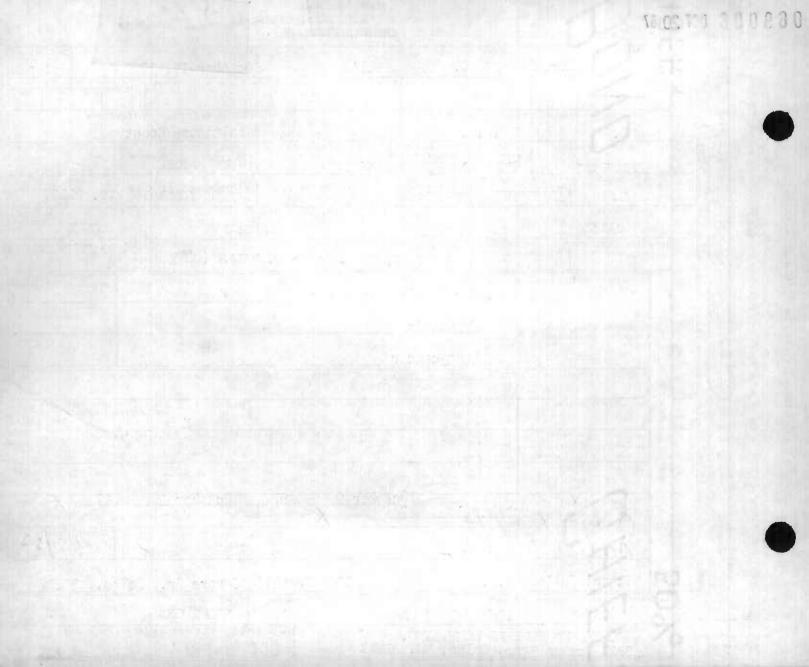
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(VRA 15, 4)

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TALRE	CERTIFICATION	The ACCIDENT WAS UNDER				0.124770		30/102	YES NO	IN CERTIFY YES	ING CAUSES OF	DEATH?
NOF VI SECIAN Service	MEDICAL CI	OR CONTRIBUTING CA	USE OF DEATH	P.	M. MONTH D	AY YEAR 19			ED. ELEMEN HATURE OF HIRE	FT IN FIRM 18, F4	ET ( OR FAET 2)	
DIVISIO offer this of the b h and h b and of	MED	TIL HUJURY OCCURRE		21s PLACE (	OF INJURY BIT, FACTORY, OFFICE,	Fellow, ETC 5	THE LOCATIO		City DW 10	777	COUNTY	51475
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IMORE,	be execut	Pages	medical	16a V	VAS DECEASED EVER		MED FORCES?		SECURITY NO. 28-5209#	17 INFORMANT WILLIAM	C. W	ADDRE	ss 8504 212		RIDGE RD
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	PITAL OR A	TO FUNERAL DIRECTOR Should be detached with the State Dept.	ANT. If hem		226. SIGNATURE, MULLO 226. PHYSICIAN'S NA	1 1	a. In	290		DEGREE ATTEND PHYSIC 22e ADDRESS		MEDICAL STAP DIRECTOR PHYSIC		22c. DATE	17/87
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	₽ ĕ BP.	Oh shaw	₹		URIAL, CREMATION, SPECIFY) BURIAT	REMOVAL		9/87	OAK LA	EMETERY OR CREMA		BALTIMOI		COUNTY	M.DAIE
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STATE OF MARYLAND

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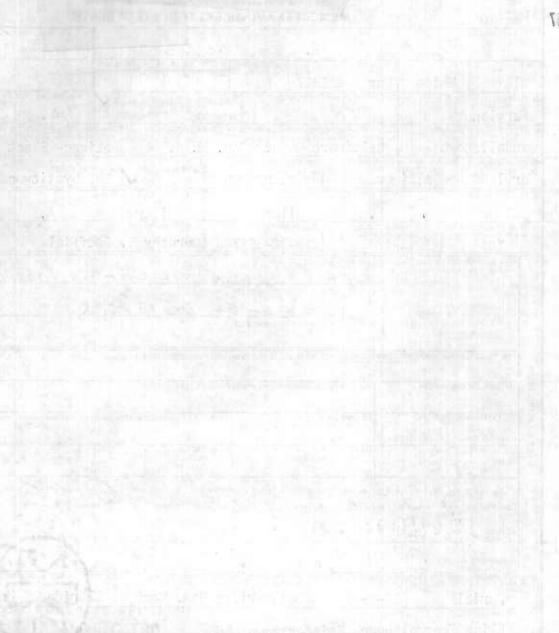
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MINERAL - COMPANIE DE MONTE DE LOS CONTRACTOR DE LA CONTR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-1980 HOR YOUR FILES.
THIN 72 HOURS
RESTON STREET, E. DEATH MATED AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) MONTH YEAR PRONOUNCED HOURS Male White Mar 1927 60 YRS DEAD 10 3 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR IMDUSTRY Retired- Sheet Metal Randallstown Baltimore County Gen. Hosp. Work SHOULD B Mary land 13d. INSIDE (ITY LIMITS? 13 STREET ADDRESS YES NO W 205 Mysticwood Rd. Baltimore Reisterstown 21136 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME AIDDLE MIDDLE LAST Elmer E Wiles Mildred Trieschmann 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. ADDRESS YES, NO, OR UNKNOWN) SAA 1945-1946 Dorothy E. Sheffield APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY W. PRESTON ST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YES NO T 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE CONTROL TO FUNERAL DIRECTOR IN AFIELD DESCRIPTION OF MARYLAND SHALLIMORE, kertily that I took charge of the remains described above, held an Autopsy and in my apinian Inspection & Natural causes Hamicide Undetermined manner SIGNATURE EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL Burial Elkridge 10-8-87 Meadowridge Mem. Park Md. Howard BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE \*\*Eline Funeral Home Reisterstown, Md. **DHMH - 17** (VR A15 ME (5)) Davidson. 20M 4/82



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	1 DECEASED MANE	

LAND MENTAL HYGIENES

4	יט נ	REGISTRAR		CERTI	ICAIL OF DEATH	REG. NO.	5	
T		CEASED NAME FIRST AN	NA MIDDLE V.		WILHELM	20. DATE OF DEATH MONTH	DAY YEA	AR 26 HOUR 30
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0		RTHPLACE (STATE OF FOREIGN 7	LE CITIZEN OF WHAT COUN	ITRY? 8 MARRIE	D NEVER MARRIED X	9 BALTIMORE CITY OR COU	NTY OF DEAT	Н
1		mD	USH	WIDOW		BALT. (	OON	JY MD.
7	o cr	TOW SON	PICKE RS	STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  OFFICE WO	GLIFE) INDUS	ND OF BUSINESS OR TRY
5	-	AL RESIDENCE (IF NURSING HOME ORG STATE MD COUNT			13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO		2/2/8
21		THER'S NAME	NIDDLE LAS		15. MOTHER'S MAIDEN NAM	WIDDIE		
4	1	DITCHELL	WII	LHELI	SUS1E	WIDDLE	HE.	NOFFSON
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	0	OR CONTRIBUTING CAUSE OF DEATH		DAY YEAR	ZIE HOW INJURY OF CURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART LOR PART	( 2)
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	2)	220.1 certify that (I) (the haspita	al) attended the deceased for	rom	June 1987	10 - Cock 13	1087	, that (l) (we last
		saw the deceased alive an abave, (1) (we) (did a did	10.16-	9-1	nd that in (my) (our opinion d	leath accurred an the date and		the causes stated
/		22b. SIGNATURE	uly		ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	22¢ D	ATE SIGNED 87.
		22d. PHYSICIAN'S NAME TTYPE OR	PRINT		22e ADDRESS			
1		K.A. MIN	TNLLI		Pot Spring	Rd., Timonium,	Md. 2	1093
2	230 B	SURIAL, CREMATION, REMOVAL SPECIEVI	23b. DATE		EMETERY OR CREMATORY	Pikesville,	D CONNEY	. Mď.
	DU	irial	10-16-87	prula k	didge Cemetery	rikesville,	Balto	· pM ·

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc., Towson, Md. 21204 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR 3 SIGNATURE

068984 OCT 20	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 2 8 7 7 STATE CERTIFICATE OF DEATH	
noy be poge 3	REGISTRAK  REGISTRAK  REGISTRAK  REG. NO.  REG	5AM
riol director, po	MAKE Black S. DATE OF BIRTH  MONTH DAY  OI-28  6. AGE (IN YEARS LIST BIRTHDAY)  IF UNDER? IYEAR IF UNDER?  MONTHS DAYS HOURS  ON THE CONTROL OF BIRTH  ON THE CONTROL OF BI	MIN.
Droces	BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED P. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED DATE COUNTY OF DEATH WIDOWED DIVORCED DATE COUNTY OF COUNTY OF DEATH WIDOWED	MD.
by the fi	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 11 WORK FOR MOST OF WORKING LIFE) 110 DEF 11 NOTING USES STREET ADDRESS) 111 PROTECTION (11) NOTING USES STREET ADDRESS) 112 WORK FOR MOST OF WORKING LIFE) 113 KIND OF BUSINES	SOR
AND 212 74 hour filled in could be i	UAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE  136. COUNTY  136. COUNTY  136. STREET ADDRESS  136. STREET ADDRESS  137. STREET ADDRESS  138. STREET ADDRESS  139. STREET ADDRESS  130. STREET ADDRESS  130. STREET ADDRESS  130. STREET ADDRESS	2
MARYLA mpletely ond 2 sh	FATHER'S NAME FIRST AUSTIN  MIDDLE LAST ROSE  15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST ROSE	
MORE, n ond so Poges 1	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  14 ADDRESS  14 ADDRESS  15 ADDRESS  17 ADDRESS  18	-
ST., BALT.  ertificate b g physicio on popers. removol. event, the	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bladder Cance with Ivee	AL EATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,  NG PHYSICIAN: The low requires that the death certificate this certificate has been signed by the ottending phase the burial-transit permit. Then please remove corbon phase and Mental Hygiene prior to burial, cremotion, or remonted or Item 18 shows any injury, or other traumotic every	Due TO, OR AS A CONSEQUENCE OF metastagis  Conditions, if ony, which (b)	
o) W. PRESTON is that the death ce d by the attending lease remove corb iol, crempition, or it or other traumatic	gove rise to immediate couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF	
RDS, 20 equires to n signed Then ples to burso injury, or	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
ON OF VITAL RECOR!  HYSICIAN: The low recding physicion. Is certificate has been burdel-tronsit permit. If Mental Hygiene prior them 18 shows any in or them.	190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 2016. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO TO SEE THE NOTION OF STREET OF THE NOTION OF THE NOTION OF STREET OF THE NOTION OF	4?
SICIAN: The ng physicio certificate hand-tronsit tentol Hygies feer of the seriol Hygies feer of Shoon with the seriol Hygies feer of Shoon feer of Shoon feer of Shoon feer of Shoon feer of the seriol feer of Shoon feer of Sho	21a. ACCIDENT WAS UNDERLYING OF INJURY OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21b. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)	
DIVISION O DING PHYSIC for otherding After this cer e os the burio olith and Ment marked or ther	21d. INJURY OCCURRED 21d. PLACE OF INJURY 211. LOCATION	ATE
O O O E	22a.l certify that (I) (this hospital) attended the deceased from 999, 19, to 19, to 19, that (I) (we saw the deceased plive on 19, and that in (my) (aur) appinion death accurred on the date and how and from the course should be said to the course of the	
OR A boshed boshed Dept.	obove, (I) (we) (did) (did not) view the body ofter death.  272b. SIGNATURE  DEGREE  TIENDING MEDICAL STAFF  PHYSICIAN DIRECTOR	
TO HOSPITAL retoined by the TO FUNERAL should be deturned by the Store with the S	224. PHYSICIAN'S NAME (TYPE OR PRINT)	1208
D Order of St.	BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN COUNTY 51	CJE X
DHMH - 16 50M 1/81 (VRA 15, 4)	FUNERAL DIRECTOR  TO Brown  1206 ADDRESS. NORTH AND DOTEST WIT OWINGS MILLS  1206 ADDRESS. NORTH AND DOTEST WITH OWINGS MILLS  1206 ADDRESS MILLS  1206 ADDR	10.

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	FOR
-	STATE
	DECISTRAD

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		1
T	DOE	EASED NAME	FIRST	A	MIOOLE	ı	AST	20 DATE OF DEATH MONTH	OAY YEAR	26 HOUR
	in Librer	DOF	ROTHY	ROSEB	ERRY	WILLA	RD	OCTOBER 18,19	987	M
	3 SEX	(		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEA	
	F	emale		White		Sept	. 29,1913 YEAR	74 yr	RS. DAYS	5 HOURS MIN.
-	Ta BIF	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DD IE	D NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH	
3	M	aryland		USA		WIDOWE		Baltimore (	County	MD.
3	10 CT	ty or town of dea Towson	тн		HOSPITAL, NURSIN H FACILITY GIVE STREET DSeph Hos		OR OTHER INSTITUTION	Teacher	NG LIFE) INDUSTR	OF BUSINESS OR Cation
5	13a. S	AL RESIDENCE (# NURSI TATE Maryland	13b COU		Owings 1	N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	CODE Lane 2	21117
		THER'S NAME Richard	Walt	midole ter	Gray		IS MOTHER'S MAIDEN NA		Rosebei	rry
	Ióa W	AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	420°ESS 7	72nd St.	
	I	10			212-32-0	441	Robert W. Wil	llard New York	. N.Y.	10021
		18. CAUSE OF DEATH	H (Enter ar	nly ane cause per	line lar (0), (b), an	dicia	100			DXIMATE INTERVAL N ONSET AND DEATH
				TE CAUSE (a)	CA	ROIT	AC ARREST		10	minule
		Canditions, if any,		DUE TO, O	R AS A CONSEQUE		5 d900	asthma.	>1	0405
		gave rise to imm couse (a), stating underlying cause	g the	DUE TO, OI	R AS A CONSEQUE	ENCE OF			Ę	syrs
	NO	PART 2 OTHER SIGN	I IFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART	lio
2	TIFICATION	190 DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 II	F YES, WERE FIND ERTIFYING CAUSE YES []	DINGS USED ES OF DEATH?
7	AL CERTI	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	AIH	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	M T8 PART 1 OR PART 2)	
	MEDICAL	214 INJURY OCCURE	RED	21e. PLACE		ARM, ETC )	214 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a I certify that (1) saw the decease above, (1) (we) (d	ed alive an	9-2	5 19		nd that in (my) (aur) apinion	death occurred on the date and		. that () (we) lost ne causes stated
		276. SIGNATURE	DELL	ién E. T	7 andl	7.	DEGREE  ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR   PHYSICIAN	(4)	TE SIGNED
		22d PHYSICIAN'S NA Willia			., Jr., M	.D.	1205 York R	d. Lutherville	, Md. 2	1093
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE Oct. 2			enmount	Baltimore Ci	ty, Mam	Vland
		INERAL DIRECTOR	edef@	AdHome,	Inc. Bal	6500 timor	York Rd. 21202	E REC'D. BY REGISTRAP 25b. RE	GISTRAR'S SIGNA	ATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If hem 21 is marked or them 48 shows on

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	_	FOR	DEPARTM	STATE OF MARYLA		8 /	28.	
7944 OCT	78	GISTRAR	DEI ARTIM	CERTIFICATE OF D		REG. NO	0.	S. 1 C
		CEASED NAME FIRST	MIDDLE	LAST	2e. D		MONTH DAY YEAR	2b. HOUR
oy be deoth deoth	(1177)	Beula	H . H-	Williams		1	0 - 4 - 1981	7:15PM
The po	3. SE	(	4 RACE	5. DATE OF BIRTH	6. AC	SE (IN YEARS LAST BIRT	THDAY) IF UNDER I YE	
000	1	Female	Black		1916	71	YRS	
2 20		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M	AARRIED		R COUNTY OF DEATH	
112		ARYLAND	U.S.A.	WIDOWED DIV	VORCED DE	BALTIMO		
1 1	-	TY OR TOWN OF DEATH	II. NAME OF HOSPITAL, NURSING	DDRESS)	TYPE	USUAL OCCUPATION OF WORK FOR MOST OF		OF BUSINESS OR
E 2	-	ALTIMORE	BALTO, CO., G		SP.			
22	13a S	TATE 136 COUN	120 -	1 13d INSIDE CI	ITY LIMITS? 13e S	TREET ADDRESS	ZIF CODE	21207
		THER'S NAME	BALTIMO		NO	04 ELBI	A DR. BACT	TIMORE,
1831	7	FIRST	MIDDLE		FIRST	WIDDLE		LAST
0 1	160 V	ALFRED VAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SECUI	RITY NO. 17. INFORMAT	DSELLA	210 GODRE	ELBA DI	R. 2120
p p			2/2-28-6				LIAMS, BAC	
4	-		y one couse per line for (o), (b), one		IN PERM	obly wie		OXIMATE INTERVAL EN ONSET AND DEATH
ent.		PART I. DEATH WAS CAUSED	D BY.		Seeris		BETWE	N ONSET AND DEATH
tic e		IMMEDIAL	E CAUSE (o) O W C W /		2 27 15			
0 2		Conditions, if any, which	DUE TO, OR AS A CONSEQUE					
or tro		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE					
other		underlying couse lost	(c) Respina		1210			
ury, or o		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D			DISEASE OR CON	DITION GIVEN IN PART	lia
2	ō	C.O.P. P;	C. B. P.		1757			
No Uni	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFOR	RMED 20	a AUTOPSY?	206. IF YES, WERE FINI IN CERTIFYING CAUS	
Shows	RTIF					ES NO	YES	NO 🗌
8		OR CONTRIBUTING CAUSE OF DEA		Y YEAR 216 HOW IN	JURY OCCURRED (	ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART	t)
E C	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)		19				
op	WED	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FA	RM, ETC.) 211 LOCATIO STREET	N	CITY OR TO	WN COUNTY	STATE
HOFK		AT WORK AT WORK		8-512	10 5- )	10.	4 10 8-1	
21 is n		saw the deceased alive on	ol) ottended the deceosed from			10	ote and hour and Irom t	, that (I) {we} lost
f Item 2		above, (1) (we) (did) (did not 27b. SIGNATURE	view the body ofter death	DEGREE	,,,,,,			TE SIGNED
No.			. 0	A	TTENDING ME	DICAL STAF	FF C	
Ž –		224 PHYSICIAN'S NAME (TYPE OF	Cherland	M. D. P		ECTOR PHYSIC	IAN LY	0-4-81
MPORTANT							TIME OF RES	
IMPORTANT: H	22- 1	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR C	+1 more	COUNT	z Con-noi	HOS A.
		SPECIFY BILLOW	. / - /			CITY OR TOWN	ROLTING S	STATE
-	24 H	VELAPIROER EUN	VERAL HOMES,	BUTUS MEM		D BY REGISTRAP	BALTIMOR 256 REGISTRAR'S SIGN	
M 7/B4 4}			IS PKWY, BALTO, n	100,	DOT (	77 4007	A. O SO A	ATORE
		OI GWYNND FHO	- TAWY DACTOL II	10, 21216	1061	1 1901	Villa Mars	Poles

			ron					AARYLAND	voiet d	0	0	7	7 7 7
		1-	FOR STATE			ICAL EXAMIN		I AND MENTAL H	FORATH	6.	0	0	1 1
00	001 00-		REGISTRAR EASED NAME	FIRST	74122	MIDDLE	EK 3	LAST	P DEATH	REG. NO.	MONTH	DAY	YEAR 25 HOUR
69	and a oct	27·1	RASED NAME	Dobbi		Toon	7	7:11:ama	OF	ESTI- MATED			
	PLEASE FCTOR. R FILES. HOURS STREET.	3. SEX	14	Bobbie	5. DATE OF BIRTH	Jean		Villiams			10 MONTH	25 <sub>9</sub>	87 A
	PASTER PROPERTY	F	emale	White	Oct. 3,	1970 17	AY) MONT		MIN PRONOUN DEAD	NCED	10	2519	87 5A M
-	BA SES		RTHPLACE (STA	TE OR	76. CITIZEN OF WH		8. MARR	IED NEVER MARRI	ED X 9. BALTIM	ORE CITY OR	COUNTY	OF DEA	тн
	製造うり		Marylar		U.S.		WIDOV		2000	imore (		У	MD
	記事品品を	10 CI	TY OR TOWN O	FDEATH		PITAL, NURSING HOM	E, OR OTH	HER INSTITUTION	FOR MOST OF WOR		F WORK 12		OF BUSINESS DUSTRY
	30470		21234		Cromwel	1 Bridge R		21234	Studer		H		School
	203390	130. S		F IN NURSING HOME O		E RESIDENCE BEFORE ADMISSI 1136. CITY OR TOWN	ION)	13d INSIDE CITY LIMITS?	13e STREET ADDRE	ESS			14-31-4
32	金額の	M	aryland	Balt	imore	21234		YES NO X	8623 Oa	akleig	h Ro	ad :	21234
WD.	T SEST	14. E/	THER'S NAME		WIDDIE	LAST .		15. MOTHER'S MAIDE	NAME	AIDDLE		LAST	
100	386835	1	Dale		Α.	Williams	5	Jeann		М.		Dea:	
BALTIMO	PAC NO I	160 V	ES. NO, OR UNKNOW	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT		17_INFORMANT		ADDRESS			21234
ALT	A BANK		No			217-11-13	374	Dale A.	& Jeanne	e Will	iams	Ba	lto.,M
72	See See		18 CAUSE OF	DEATH (Enter on	ly one couse per line	for (a), (b), and (c).)				TED ELON		APPRO BETWEEN	XIMATE INTERVAL
TESTON ST	ESTES	17	PARTIDEA		TE CAUSE (a) CY	anio cereb	ral t	crauma					
213	F. SEE		01	d1.	DUE TO, OR	AS A CONSEQUENCE	OF				-		
2	E92448		Canditians gove rise	, if ony, which to immediate	(b)								
W.	A WANTER		couse (a) s lying cause	tating the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE	OF			6.			1
92	P. S. A. O.		79		(c)								
SON	A BENEVICE OF THE SERVICE OF THE SER	7	PART 2 OTHER SIGN	NIEICANT CONDITIONS	CONTRIBUTING TO OFATH B	UT NOT RELATED TO THE TERM	AINAL OISEAS	E OR CONDITION GIVEN IN PAI	RT 1 (a),				
00	A SA	CERTIFICATION											1
AL.	SHOULD SH	2	190. DATE OF C	PERATION	196, CONDII	ION FOR WHICH OPER	RATION V	/AS PERFORMED?				20 AUTO	
2	28055	E	21a EXTERNAL	CALLEGIALE	21b. TIME OF	(NIII) IBW	In. or						X NO [
DIVISION OF	CERTIFICATE SETTING THE WORD TO THE OF STRONG BE SHOULD BE EDEPARTMENT OF STRONG STRON	2	UNDERLYING	CXOR .	HOUR A.M.	MONTH DAY YEAR	R	OW INJURY OCCURRE				2)	
0	SHOULE PARTE	NEDICAL O	CONTRIBUTING	G CAUSE OF I		10 25 19 8		assenger in	auto/aut	o impac	ct		
Ž	VRITINA VRDED GE 3 S GE 3 S	ME	WHILE AT WORK	NOT WHILE	STREET, FACTO	DRY, FARM, ETC.)		STREET	CITY OR TO	.wn	COUN	ITY	STATE
	E>> \$ 4 4 7		AT WORK	AT WORK	rc	oad	Cro	omwell Brid	ge Rd,		Bal	to.C	o, MD.
	AND		22a I certify	that leak charg	pe of the remains desc	ribed above, held an	Autop	sy XX. Inspection	lnquiry	and	ın my opın	iign	
	SET THE		death resulted	York Notes	ral coyees	Cident X Su	ride	Hamicide	Undetermined mo	onner .			
	EXAMI CERTIFI ULD BE DIRECTORI		ACTUAL /	10000	11/1/1/1/	ni bhh	Total .	TITLE (SPECIFY)					
	HE CERT SHOULD SHOULD DIRE (EATH, WIT	1	SIGNATURE_	uem	TO No	nogovin	un	p Assistant	MEDICAL EXAM	AINER	DATE SIGNED.	10/	25/87
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORY TO FUNERAL DIRECTOR: FAFER PEATH, WITH THE SIBBATMORE, MARYJAND?		EXAMINER'S N	AME Denn	is F. Smyt	h, M.D.		ADDRESS 111 P	enn St.	Ba	alto.	MD.	
	BA TO BA	23a.B		ON, REMOVAL 2	73b DATE	23c. NAME OF CE	METERYC		23d. LOCATION				
07/84	8P	(3	BURIAL		CT. 28,			CEMETERY	BALTIMO	ORE CO	UNTY	RHA	RILAND
25M	DHMH - 17	24. F	JNERAL DIRECT						ECD. DE ISTRA				
	(VR A15 ME (5))	WI	LLIAM I	E. JOHN	ISON 8521	LOCH RAY	VEN	BLVD					

067827 OCT

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Aulia Dividion Rondalle

ł	-7 8 REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO				
	I. DECEASED NAME FIRST (TYPE OR PRINT) Hilda	Katherine			Williams	20	October 4, 1987			2b. HOUR 11:20p.	
ŀ		4. RACE	HEL THE	5. DATE OF BIRTH			·			IF UNDER 24 HRS	
ľ	Female	White		April 19,1924			63	YRS.	MONTHS DAYS	HOURS MIN.	
ľ	76 BIRTHPLACE (STATE OR FOREIGN Maryland	USA	IAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED			9 BALTIMORE CITY OR COUNTY OF DEATH				
1	Rossville		SPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	1 120	Baltimore County MD.  126. USUAL OCCUPATION 1.15 KIND OF BUSINESS OR (TYPEOF WORK FOR MOST SPECIAL PROPERTY NOR FOR FOR FOR FOR FOR FOR FOR FOR FOR F				
ł	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 13b COUN Balt	TY 13	RESIDENCE BEFORE  C. CITY OR TOWN  MiddleRi	N	13d. INSIDE CITY LIMITS YES NOME		STREET ADDRESS			220	
1	Cornelius	Berger Berger			IS. MOTHER'S MAIDEN  Lydia	NNAME	MIDDLE Leach LAST				
1	160 WAS DECEASED EVER IN U.S. ARA (YES, NO ORUNKNOWN) (IF YES, GIVE	RMED FORCES? 166 SOCIAL SECURITY NO. 216-14-8494			Colon Patton Williams 15 Hickam Road 21					ad 21220	
z	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE IMMEDIAT	18 CAUSE OF DEATH (Enter only one couse per line to (a), (b), ond (f) PART I. DEATH WAS CAUSED BY:  APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT									
	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	couse (a), stoting the DUF TO OR AS A CONSEQUENCE OF									
1	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION			N WAS PERFORMED		200 AUTOPSY?   206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?   YES   NO				
		21b. TIME OF IT HOUR A.M. P.M.	NJURY MONTH DA	21c. HOW INJURY OCC	CURRED	RED (ENTER NATURE OF INJURY IN ITEM 18. PART   OR PART 2)					
I	OR CONTRIBUTING CAUSE OF DEA  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK AT WORK	218 PLACE OF	INJURY FACTORY, OFFICE, F.	21f LOCATION STREET		CITY OR TO	COUNTY	STATE			
	270 I certify that (I) (this hospital) attended the deceased from										
	226 SIGNATUME	ATTENDING MEDICAL STAFF PHYSICIAN   DIRECTOR   PHYSICIAN							220 DATE	SIGNED 15/87	
		Dr. Joseph Connelly 805 Fuselage Ave. 21220									
l	236 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 10/8/8			emetery or cremato Hill Cemeter	ry	MiddleRiv				
	Connelly funeral	Home 300	Mace Av	7e. 2	2007		C'D. BY REGISTRAR			-	

DHMH - 16 60M 7/B4 (VRA 15, 4)

068560 OCT	1418	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 4 3
. m.s	1. DEC	CEASED NAME FIRST	MIDDLE	LAST		AY YEAR 26 HOUR
noy be		Frank		Wilson	10 1	- 1
or, p	3. SEX		4 RACE	S. DATE OF BIRTH	M.	FUNDER TYEAR FUNDER 24 HRS
oge oge		Male	Caucasian	03 16 1903	84 YRS.	
leath. P	1	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Co	
d with	C	atonsville	Summit Nurs	0	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Sales (Ret.)	12b. KIND OF BUSINESS OR INDUSTRY Insurance
SALTIMORE, MARYLAND 2120' cote be executed within 24 hours. cote be executed within 24 hours. cot be secuted within 24 hours. cot be secuted within 24 hours. cot be secuted and be filed in by the secuted be secuted by the secured by the secuted b	13o. S	MD Bal	timore Catons	Ville YES NO X	130. STREET ADDRESS 5 Park Driv	
MARYL bed within		ther's name right	Milso	n Katherine	MIDDLE	einmuller
be execution and comments. Pages 1	Ióa W	(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166, SOCIAL SECULAR WAR OR DATES] 212-09-		L. Wilson S	ame as #13
T., BALT		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and BY:  TE CAUSE (a)  Severe	od (c).)	Accident	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON S es that the death cer med by the attention plant to think on one of the transmistic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)			
ORDS, 22	NOIT			DEATH BUT NOT RELATED TO THE TERM		
The faw ration.  The faw ration.  E has been sit permit.  Bit permit.	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	WERE FINDINGS USED YING CAUSES OF DEATH?
SION OF VITA PHYSICIAN: TI PHYSICIAN: TI this certificate the burial-transit and Mental Hygin d or them 18 sh		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2]
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law requir or attending physician. After this certificate has been to e as the burial-transit permit. The infolia and Amerial Hygiene priori to marked or item 18 shaws any in	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, I	FARM, ETC   211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIN hospital or RECTOR: Al red for use opt of Healt		22a I certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did no	tol) attended the deceased from 12 190 of view the body after death.	ond that in (my) (aur) opinion of	to Uctober 13. 1	9 07 , that (I) (we) last and from the causes stated
Direction of the post of the p		226. SIGNATURE	3 Com	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR   PHYSICIAN	10-13-87
TO HOSPITAL TO FUNERAL should be deter		James Rowe		413 Commony	wealth Ave.	21228
	23a B	URIAL, CREMATION, REMOVAL Burial		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	74 FI	DULTAT	10-15-87   L Frederick Roa	oudon Park Cem. d 21228   75a DATI	Baltimore E REC'D. BY REGISTRAR 250 REGISTE	, MD
DHMH - 16 50M 1/81 (VRA 15, 4)			ral Home, Cato	onsville, MD OC	L13 1937	AR 3 SIGNALUKE

THE RELEASE CO. LANSING CO. LA

	1.	FOR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE 8 /	2 8 3	1 1
8 4 NOV -	387	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO		1 4
o e pe		CEASED NAME FIRST	MIDDLE	Win free	20. DATE OF DEATH		HOUR
4 may be lar, page 3 after death	3. SE	×	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER TYEAR	INDER 24 HRS
2 %		FEMINE	WHITE	MAR 4, 1891	96	YRS	DRS MIN.
once.	7a. Bi	RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTS	MARRIED   NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH	
filed within	10 C	ITY OR TOWN OF DEATH	INF NOT IN SUCH FACILITY, GIVE STI	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	ISINESS OF
d be filed	USU. 130. S	AL RESIDENCE IN NURSING HOMESTATE		FORE ADMISSION)  DWN 113d. INSIDE CITY LIMITS?	130. STREET ADDRESS	1 FE CUN A	07
should b	1/	ATHER S NAME	DAL	TIMPE YES NO NO		evens and	RQ.
exopular 2	11. 17	PARST BEDT	MIDDLE DELASE	15 MOTHER'S MAIDEN N	WIDDLE	Meint	4
200		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRES	SS	
* Poges e medico		No	220-5	2-873- TRORGE U	1. WINFRET	Horskex	1 M
nevol.		PART I. DEATH WAS CAUSI	nly ane cause per line far (a), (b), ED BY: TE CAUSE (a)	4 0	in least	Frilere DETWEEN ONSET	HANDOEATH
corbor		IMMEDIA	DUE TO, OR AS A CONSE	QUENCROF	2	12 : ==	
emotion, er froum	1	Canditians, if any, which gave rise to immediate	(b)	Interio Scher	to Men	FOISens 57	ling
U #		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	QUENCE OF			
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR COND	DITION GIVEN IN PART 11a	
5 5	CERTIFICATION						
ws ony it	) ₹	190 DATE OF OPERATION	196. CONDITION FOR WH	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF E	DEATH?
S sho	1 1	210. ACCIDENT WAS UNDERLYING		21¢ HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR		Ю
alth and Mental Hygie marked or them 18 sha		OR CONTRIBUTING CAUSE OF DE		DAY YEAR			
5	MEDICAL	214. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	211 LOCATION	CITY OR TOW	vn COUNTY	STATE
rked	2	AT WORK NOT WHILE	TAT HOME STREET, FACTORY, OFF	CE PARM, ETC.)	10/	0-4	
0			ital) attended the deceased fro		5_ 10_ 70/ 0	198, that	(l) ()ve) lo
of H			ot) www the Mady after death.	ond that ip (my) (a)r) apinio	in death occurred anthe da	te and have and from the cause	es stated
Dept.		22b. SIGNATURE	11	DEGREE ATTENDING	MEDICAL STAF	22c DATE SIGN	NEO
Z Z		1//	2.40	PHYSICIAN		IAN [ / /31/	87
IMPORTANT. H		220. PHYSICIAN'S NAME (TYPE	Ellin	5310 0 6	(Court Rd	Randallston	en, MI
3 3	23a f	BURIAL, CREMATION, REMOVAL	23b. DATP 2	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	SMATE
_	/	DURIAL	11/3/1987	St Pouls Church	uned No	BROW M	21.
M 1/81	24 FI	UNERAL DIRECTOR	ADDA	250. D	ATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE	PILE
4)	1	DRKER 4 /30	ouncle Salis	Bury Mol. N	1011 1 1003	/ 1 mm 1	

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009393 001	22	<b>67</b>	DEI		OF MARYLAND EALTH AND MENTAL HYG	IENE 8 7	2 8 3	4 -
	1 -	STATE REGISTRAR	DEF		CATE OF DEATH	REG. NO		3
a m £		CEASED NAME FIRST OR PRINT)	WIDDLE	ALL S	ST N	20 DATE OF DEATH		HOUR
poge 3	3. SEX	Glor	A RACE	WIS NIC		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR IF	UNDER 24 HRS
15 softe		Female	Cencasin	MONTH		39	MONTHS DAYS H	OURS MIN.
h. Po	Jo BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUR			9 BALTIMORE CITY OF		
deopt de la contraction de la	10.01	Basto. md.	11. NAME OF HOSPITAL, N	ILIPSING HOME O	DIVORCED INSTITUTION	120 USUAL OCCUPATION	o. County	MD.
oy the	-	owson Md	Stella M	STREET, ADDRESS	tospice	(TYPE OF WORK FOR MOST OF		
b 2120 4 hours ed in b id b fi	ÜSU		ROTHER INSTITUTION GIVE RESIDENCE NTY 120 CITY OF	RTOWN	136 INSIDE CITY LIMITS?	13e STREET ADDRESS	DDT 104	
LAND	14 FA	ARYLAND BALT	TIMORE PERRY	HALL	YES NO NO	18202 F	ATHERHILL	KOAO
WARY	1	ARROLL	WIDDIE WILL	1 5 R	AOO A	WIDDLE	Tomps	50
ONE, T		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS	
BALTIMOR cole he exe special and special bogs and		00	315.5	108201	FAMILY	RECORDS	A APPROXIMA	E INTERVAL
三 名音音音		PART I. DEATH WAS CAUS	nly ane cause per line for (a) ED BY: (TE CAUSE (a)	9 4 -	stoma		BETWEEN ONS	TE INTERVAL
ON SI		With Con-	DUE TO, OR AS A CON					
PRESTON described	10	Conditions, if any, which gave rise to immediate	(b)					
3 1 1111		couse (0), stating the underlying cause last	DUE TO, OR AS A CON	SEOUENCE OF				
S, 201	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART 110	
ORD STATE OF THE S	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDING:	SUSED
A REC	TIFIC					YES NO	IN CERTIFYING CAUSES OF	
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law require of the ordering physician.  After this certificate has been as the burial-transit permit. The phond Mental Hygiene prior in an and Mental Hygiene prior in a corked or frem 18 shows gray interest.	/	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE		H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM TS PART T OR PART 2)	
ON OF VI'	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19	211. LOCATION			
C PH C PH offencer this ond the bond the broad	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC	STREET	CITY OR TO	WN COUNTY	STATE
NOIN SI or		220 I certify that (I) (this hasp			16 19 97			it (l) ( <del>se</del> ) last
ATTE cospute ECTO ed for or of t		saw the deceased alive a abave, (I) (we) (did) (did n 27b. SKGNATURE	n 10 17 at) view the bady after death.		d that in (my) tool) opinion o	death occurred an the da	te and have and tram the car	
AL OR The H	1	Cails X	alexan	der		MEDICAL STAF		4 87
O HOSPITA etained by TO FUNERA should be de with the Stat		224 PHYSICIAN'S NAME (TYPE			22e ADDRESS Stel	la Maris Ho	spice	1
retained TO FUN with the IMPORTA	22		exander, M.D.	Las Maris of a			owson, MD 212	04
ВР	130.	BURIAL, CREMATION, REMOVA	10 14 1987	CTRSSA	EMETERY OR CREMATORY	BALT M	URE COUNTY MA	RYLAND
DHMH - 16 60M 7/84		UNERAL DIRECTOR	~	8800 H	ARFORD 250 DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATUR	E
	15	CUADON	l'Ic m	Tes D.	00	T 0 4 4007	1: K. D.	Lace

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VI-TO 8 1 1 3 2 0 MOTTONOVO LANGINE HONTY BY TOT U.S. 1987 Av. 420 Apr. 100

230 BURIAL, CREMATION, REMOVAL 236. DATE

CITY OF TOWN Entombment Balto., Lorraine Park Mausoleum Woodlawn 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 1050 York Road DHMH - 16 60M 7/84 28 1987 (VRA 15, 4) Ruck Towson Funeral Home, Inc. Towson, Md. 21204

23c NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

Own Home

Boring

YES T

COUNTY

22c DATE SIGNED

IF UNDER 1 YEAR

INDUSTRY

2:00A.

1608

IF UNDER 74 HRS

NOV 3

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

14	UKEGISIKAK					REG. N	IO.		
	CEASED NAME FR	RST	MIDDLE	1	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
		seph	E.	7	/azvac	October	25,	1987	11:30124
3. SE	Х	4. RACE		5. DATE C		. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	# UNDER 24 HRS
	Male	Whit	e	May	3, 1945	42	YRS	MONTHS DATA	HOURS MIN.
	IRTHPLACE (STATE OR FORE)	GN 76. CITIZEN OF	WHAT COUNTR	RY? 8	NEVER MARRIED	9 BALTIMORE CITY			
	Maryland	Ū	SA	WIDOWE		Baltimore	Coun	ity	MD.
10.C	ITY OR TOWN OF DEATH		HOSPITAL, NUR		OR OTHER INSTITUTION	120. USUAL OCCUPAT			OF BUSINESS OR
	Baltimore		ld Batt		re Road	Welder -		Weldin	
	AL RESIDENCE (IF NURSING F	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEI		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CO	DE	21222
	Maryland	Baltimore		imore	YES NO X	7627 Old 1			Road
14. F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE		14	AST
1	Thomas	Н.	Yazv	ac	Madge	L.			ister
	WAS DECEASED EVER IN U	J.S. ARMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS		
	Yes	Vietnam	212-48	-3113	Betty L. Ya	zvac 7627 (	old B	attle G	rove Road
	18 CAUSE OF DEATH (E	nter only one couse per	line for (a), (b),	and (c).1				BETWEEN	XIMATE INTERVAL
Н		CAUSED BY: NEDIATE CAUSE (0)	CARDI	ORESP	PLRATORY	ARREST			
			R AS A CONSEC						
	Conditions, if any, wh				AS TOMA				
	gove rise to immedi	ote			10/0//				
		the DUE TO, O	R AS A CONSEC	DUENCE OF					
	DART 2 OTHER SIGNIE	(c)	ONITRIBUTING I	O DE ATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION	D/ENLINI DART 1	
Z	THE STITLE STOP AND	carri condinona <u>c</u>	STATINGGTORY	DO DEANT BOT	NOT RECATED TO THE TERM	IN AL DISEASE ON COIL		TVEN WAT ART TO	10
Ē	190 DATE OF OPERATION	1 196 COND	ITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDI	INGS USED
CERTIFICATION						YES T NOT		TIFYING CAUSES	S OF DEATH?
1 2	21a. ACCIDENT WAS UNDERLY				21c HOW INJURY OCCURR				
	OR CONTRIBUTING CAUS			DAY YEAR					
MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION				
×	WHILE NOT WHILE	[AT HOME ST	REET FACTORY, OFFI	CE FARM ETC }	STREET	CITY OR TO	OWN	COUNTY	STATE
	22a I certify that (I) (this	s haspital) attended th	e deceased from	m SEP	1./ 19.87	10 007	25	10.87	that (I) (we) last
	sow the deceased a	live on OCT.	25/ 19	67	nd that in (my) (our) opinion o	death occurred on the d	ote and h		
	22b SIGNATURE	(did nat) view the body	after death.		DEGREE			22c. DATE	E SIGNED
	1 m 0		· m	1	ATTENDING	MEDICAL STA			
1	224 PHYSICIAN'S NAME	(TYPE OR PRINT)	7		22e ADDRESS	DIRECTOR   PHISI	CIAN		
	1.M.	JUMAMI	y,M.	0	100 N. BRO	SOWAY B	2111	MD.	21231
23a	BURIAL, CREMATION, REM				EMETERY OR CREMATORY	23d LOCATION	140	70	/
	Burial	10-20	_07	Ople To		CITY OR TOWN	mara	Marylan	STATE
24 F	UNERAL DIRECTOR	D-1-25	D	Uak La	of Dundall 250. DATE	REC'D. BY REGISTRAR	25b. REGI	STRAR'S SIGNA	TURE
	NAME	Duda-Ruck	runeral	s Home C	MD 21222 OC	T 30 1007	1.	Ann A	
		7922 Wise	Ave. Du	ndalk,	MD ZIZZZ	. 0 0 1301	Mules	Asserted N	0

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If them 21 is morked

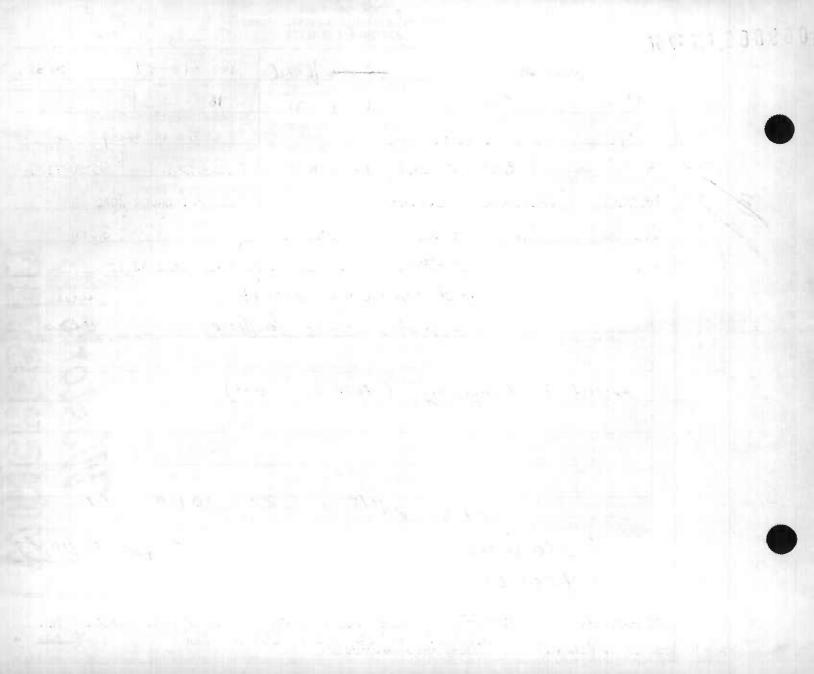
TO HOSPITAL OR ATTENDING PHYSICIAN. The law

etained by the hospital

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20 TOTAL SECTION OF THE SECTION OF T

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

73c NAME OF CEMETERY OR CREMATORY

Moreland

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

- STATE

10 - 10 - 87Mitchell-Wieflefeld Home 6500 York Road 21212

236 DATE

73a BURIAL, CREMATION, REMOVAL

I SPECIFY!

Burial

24 FUNERAL DIRECTOR

Autea Deothern In dath

73d LOCATION

CITY OR TOWN

26 HOUR

176 KIND OF BUSINESS OR

NO [

STATE

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IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

YES

Parkville Baltimore Maryland

COUNTY

22c DATE SIGNED

The same was discussed in the same was discussed in the same of th

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Jake Barrier

and Malan

1387

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0. 6		5	5
	CEASED NAME FIRST	GEORGE	MIDDLE B.		ASTZARAFONETIS	The state of the s		AY YEAR	26 HOL	R
	6EOR	G.E	Zar	afor	net15		10 1	1 87	3	30F
3. SE	11		ite	5. DATE C		6. AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER	MIN.
	Male	Greek			st 15, 1903	The second secon	4 YRS			
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY	Y? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
_	reece	U.S		WIDOWE	D NORCED	Baltimor				MD.
Ę	aynesville	LOCH R	CAVEN I	HERIDI	AN NURSING HOLES	12a USUAL OCCUPATION OF WORK FOR MOST OF Retired -	F WORKING LIFE	126 KIND C INDUSTRY Lexin		
	AL RESIDENCE (IF NURSING HOME OF		13c. CITY OR TO		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE			
M	Maryland Balt	imore	Parkvil	lle	YES NO X	3500 His		212	34	
14. F.	ATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		LAS	I	1
I	Basil	G.	Zarafor	netis	Mary			Stavi	opou	llos
	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE				
1	No		213-03-	-6640A	Jean Zarafo	onetis - sa	ame as		MATE INTE	
NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, O	R AS WOUNSED	OUENCE OF	Sculou acco	ideut -	DITION GIVE	EN IN PART II	0	
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDI	NGS USE OF DEA	TH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH M.	DAY YEAR	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT   OR PART 2)		
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFIC	E FARM ETC )	211 LOCATION STREET	CITY OR TO	IWN	COUNTY		STATE
	220.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	10-	19	1) 0-7	d that in (my) (our) opinion d	eoth occurred on the de	ate and hour	,	that (I) ( couses st	
	226. SIGNATURE  Sucedo  226. PHYSICIAN'S NAME (TYPE)	Tru	pena	nemi		MEDICAL STA	IAN [	22c DATE		
	BIREESH	K	TRIPUR	ANEN	Good SAH	ARITAN	HOS	PITA	h	
23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				EMETERY OR CREMATORY	Balto.		COUNTY		Md.
	DULTAT	10-5-	0/	reek U	rthodox Cem.	Darto.				riu.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR 1050 York Rd. 250 DATE PREFORMED BY REGISTRATE Ruck Towson Funeral Home, Inc., Towson, Md. 21204

. STATE OF MARTLANE		STATE	OF	MARYLAND
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18	eçeased NAME Anthony	y Marie	Zimmerm	an		2a DATE OF DI	REG. NO. 10/22	P/87 YEAR	2h HOU 12:
1	emale	4 RACE White		DATE OF BI	IRTH YEAR	6 AGE (IN YEARS	LAST BIRTHDAY]	IF UNDER 1 YEAR	
0	BIRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	10 0.00	MARRIED C	7 -6	9 BALTIMORE	city or coun	TY OF DEATH	11
		illa As	OSPITAL, NURSING FACILITY, GIVE STREET ADD	6401	N.Charle	S Teac	CUPATION R MOST OF WORKING <b>DET</b>	G LIFE) 12b. KIND C INDUSTRY Edu	of Busine
	AL RESIDENCE (IF NURSING HOME O STATE 13b COU Maryland Ba	R OTHER INSTITUTION, G	Balto.	PMISSION)	INSIDE CITY LIMITS?	6401 ]	N.Char	les St.	121
4	istave 0		mer mai	7	GRACE	A	MDDLE	Faga	ST M
16a \	WAS DECEASED EVER IN U.S. AF (YES, NOOR UNKNOWN) (IF YES, GIV	T MALE OF THE PARTY OF	049-16-5		bister An	gelina,	6401 I	N. Char	les
		DUE TO, OR	AS A CONSEQUENC		BreasT	CAR	CE	13 9	(>
7	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last	( Ic)	AS A CONSEQUENC		T RELATED TO THE TE	rminal disease c	r Condition (	GIVEN IN PART 10	0
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last	CONDITIONS COM		ATH BUT NO	1774	200 AUTOPS	Y? 20b. IF	GIVEN IN PART II  YES, WERE FINDI  TIFYING CAUSES  YES	NGS USED
ICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT (	CONDITIONS	NTRIBUTING TO DEA	ATH BUT NO	1774	200 AUTOPS	Y? 20b. IF IN CER	YES, WERE FIND II RTIFYING CAUSES YES []	NGS USED S OF DEAT
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	19b. CONDITIONS CONDIT	NTRIBUTING TO DEA ION FOR WHICH OF INJURY MONTH DAY	YEAR 19 211	AS PERFORMED  6. HOW INJURY OCCI  1. LOCATION STREET	200 AUTOPS  YES N  URRED (ENTER NATURE)	20b. IF IN CER	YES, WERE FIND II RTIFYING CAUSES YES []	NGS USED S OF DEAT
	gove rise to immediate cause (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (#FETHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	19b. CONDITIONS CONDIT	INTRIBUTING TO DEA	YEAR 19 211	AS PERFORMED  C HOW INJURY OCCU  L LOCATION STREET  1 19  101 in (my) our) opinic	20a AUTOPS YES N URRED (ENTER NATURE)  CIT  On death accurred o	Y? 20b. IF Y IN CER Y OR TOWN  The dote and h	YES, WERE FINDING TIFYING CAUSES YES 18, PART 1 OR PART 21 COUNTY	NGS USED S OF DEAT NO  STA
WEDICAL ACTION OF THE PROPERTY	gove rise to immediate couse lost stating the underlying couse lost the underlying couse lost PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINER LINDURY OCCURRED WHILE AT WORK AT WORK IN ONLY WORK IN OUT OF THE WORK IN OUT OF T	19b. CONDITIONS CONDIT	INJURY IN	YEAR 19 211 A, ETC.1 DEC 220	AS PERFORMED  C. HOW INJURY OCCU  I. LOCATION STREET  TO IN (my) GUT) OPINIC  REE  ATTENDING PHYSICIAN	200 AUTOPS  YES N  URRED (ENTER NATURE)  On death occurred of the Company of the	Y? 206. IF IN CER IN CER YOR TOWN  YOR TOWN  STAFF PHYSICIAN PHYSICIAN	YES, WERE FIND INTERPRETATION OF THE PROPERTY	NGS USED SOF DEAT NO That that (I) couses sto

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DHMH - 16 50M 1/76 (VR A 15 (4))

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	1 4			STAT	OF MARYLAND			4
70567 NOV	-3	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	280	57
be oge 3	I. DE	CEASED NAME MORE			Garelli	20 DATE OF DEATH M	ONTH DAY YEAR	75150PM
oge 4 mo	3. SE	Female	1 RACE White	* 12	DAY VEAR	6. AGE (IN YEARS LAST BIRTHI	YRS.	ATS HOURS MIN.
O 1 1 22	M	ARYLAND	U. S. A.	MARRIE		BALTIMOI	RE COU	INTY MD.
Softer Office of Softer	7	OWSON	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G ST. JOSEPI	H HOSP	LTAL	type of work for most of the homemaker	WORKING LIFET INDUST	id OF BUSINESS OR TRY ering
LAND 21	MA	RYLAND THER'S NAME	NTY 135 CITY O	OR TOWN TIMORE	13d INSIDE CITY LIMITS? YES NO  15. MOTHER'S MAIDEN NA	13. STREET ADDRESS / 2 218 S. BOUL		21224
BALTIMORE, MARY cole be executed with years and complete open. Pogs. Land 2. vol.	2	Angelo	Man	zari	Mary	WIDDLE	RE	LAST
IIMORE		VAS DECEASÉD EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GI		-14-3090	Anthony Zi	ngarelli.	4	1236 falls Wav
201 W. PRESTON ST., es that the death certific ned by the ottending ph please remove carbon p urial, cremation, or remo	ATION	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSI IMMEDIA  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	NSEQUENCE OF	Ma & Solom		astases	PROXIMATE INTERVAL FEN ONSET AND DEATH
TAL RECOITAL Pow refront te hos been sist permit.	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO		YES D NON	20b. IF YES, WERE FIN IN CERTIFYING CAU: YES []	ISES OF DEATH?
DIVISION OF VITAL RECORDS,  ORD PHYSICIAN: The low requir  ontending physicion.  After this certificate hos been sign os the buriol-tronsit permit. Then th ond Mental Hygiene prior to b  orked or them 18 states ony injury	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE	HOUR A.M. MON	19	21t LOCATION STREET	RED (ENTER NATURE OF INJURY		
ATTENDING hospital or a RECTOR: After red for use as pp. of Health or rem 21 is mark		22a.l certify that (f) (this hasp sow the deceased alive or		19	d that in (my) (our) opinion	to death accurred on the date	e and hour and from	the couses stated
TO HOSPITAL Cretoined by the ht TO FUNERAL DIR with the State Degraph with the State Degraph WHOME TO THE STATE OF T	9	22d PHYSICIAN'S NAME (TYPE		MAWY	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA	1/	10-29-87
shour with	23a I	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION		
BP		Burial	11/2/87	100	s of Faith	Baltimo		STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR NAME  Seph N. Zan		DDRESS Conkl	INOV	O 2 1987	is REGISTRAR'S SIGN	

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